



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

### About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>







Homework, 10/10/10

H6/0.5

S15







V. 2 . . . . .

THE  
ST. LOUIS  
CLINICAL REVIEW,

A MONTHLY JOURNAL

—OF—

HOMŒOPATHIC MEDICINE AND SURGERY.

PHILO G. VALENTINE, A. M., M. D.,  
*EDITOR*

---

VOLUME III.

---

ST. LOUIS:  
J. H. CHAMBERS PRINTING COMPANY, 209 NORTH FOURTH STREET.  
1881.





# INDEX TO CONTENTS OF VOL. III.

## A

An Open Reply to the Editor of the American Observer..	60
Among our Exchanges.....	62
Affections of the Heart.....	41
Anæmia, Transfusion in.....	90
An Overdose of Coffee.....	168
Abdominal Fibroid—Excision and Recovery.....	172
Address—Hering Memorial.....	277
A Correction.....	359
Address—By H. W. Taylor.....	379
A Positive Sign of Pregnancy During the First Three Months.....	867
Antiseptic Surgery.....	369
American Institute of Homœopathy.....	240, 380
A New Method of Applying Pressure in Traumatic Aneurism.....	384
An Introductory Communication by Dr. Gustav Yaeger.....	376
Alkaline Treatment of Cancer.....	386
Abscess—Perinphritic.....	386
“ Lumbar.....	389
Alcoholic Baths.....	386
A New Physical Sign in Thoracic Aneurism.....	414
A Severe Case of Lung Trouble.....	72
A Curious Endemic.....	37
A Cure for Hydrophobia.....	230
A Circular Letter to the Alumni of the Hom. Med. Coll. of Mo.....	280
Arsenic in Heart Disease.....	352
An Anomaly in Obstetrical Practice.....	433

## B

Bodies, Foreign, in the Ear.....	1
Books and Pamphlets Received.....	33, 75, 114, 199, 349, 428, 465
Buffalo Medical Hospital.....	257
Book Notices.....	275
Book Reviews.....	75, 76, 233, 347, 390
Blood Cyst of the Humerus.....	380
Blood Stains.....	388
Biographical Sketch of Dr. Hering.....	274
Born—To Mrs. Dr. Valentine, a Son.....	392
Biliary Calculi.....	457
Bromidia.....	456

**C**

Constipation .....	208
Chian Turpentine .....	237
Colorado Cure .....	231
Commencement Exercises of the H. M. C. of Mo. ....	25
Clinical Remarks on the Subject of Throat Affections 41, 148, 225, 272, 305	305
College Alumni .....	288
Clinical Surgery .....	88
Cauliflower of the Vulva .....	88
Clinical Cases .....	104
Correspondence .....	36, 112, 116, 196, 251, 206, 279, 391
Coca in Delirium Tremens .....	385
Cosmoline or Vaseline .....	385
Cord, the Tying of .....	353
Cause of Catarrh in the Air Passages .....	402
Cystoma, Ovarian .....	413
Cases of Prolapsus Ani .....	119
Catarrh of the Bladder in the Female .....	428
Curara in Hydrophobia .....	62
Cancer, effects of Lightning Upon .....	70
Congenital Keloid Growth in the Back .....	258
Cartilaginous Tumors of the Fingers .....	259

**D**

Discussions St. Louis Medical Society .....	51
Duration of Pregnancy in the Elephant .....	63
Dr. Davy, London .....	387
Death from Retention of Urine .....	260
Dysmenorrhœa .....	300
Dr. Tanner's Fast in the Light of Professional Bigotry ..	207
Died—Hering. Von Tagen .....	238

**E**

Editor's Drawer .....	116, 159, 206, 237, 277, 350, 378, 390, 431, 468
Epithelioma of the Cervix Uteri .....	65
Early Menstruation .....	66
Extracts from St. Louis Medical Society Proceedings ..	336
Eureka Springs, Ark .....	360

**F**

Foreign Bodies in the Ear .....	1
Foreign Correspondence .....	241
Final Report on Milwaukee Test .....	7
From Hot Springs .....	100
Fifth Annual Meeting Mo. Inst. of Hom .....	142
Fever Remedies in Materia Medica .....	248
Fatty Deposits on the Heart .....	387
For W. Acad. of Homœopathy .....	404

## *Index to Contents of Vol. III.*

3

<b>Fracture of Ninth Dorsal Vertebra, with Partial Dislocation</b>	<b>416</b>
<b>Foreign Letter</b>	<b>442</b>

### **H**

<b>Homœopathic College Free Dispensary Report</b>	<b>239, 392, 288</b>
<b>Homœopathic Gazetteer for 1880</b>	<b>111</b>
<b>Hysterotomy, Vaginal</b>	<b>63</b>
<b>Hydrobromic Ether</b>	<b>74</b>
<b>Hernia, Strangulated Femoral</b>	<b>314</b>
<b>Hering Memorial Services</b>	<b>281 281</b>
<b>Hydrophobia—Is It Imaginary?</b>	<b>17</b>
<b>Hydrophobia, a Cure for</b>	<b>230</b>
<b>Homœopathy in the West—Answer to a Toast</b>	<b>58</b>
<b>How to Feed Fever Patients</b>	<b>95</b>
<b>How to Keep Cool and Healthy</b>	<b>154</b>
<b>Homœopathic Doses</b>	<b>72</b>
<b>"    Diet.</b>	<b>12</b>

### **I**

<b>In our Dissecting Room</b>	<b>351</b>
<b>Indiana Institute of Homœopathy</b>	<b>208</b>
<b>Incidents in the Life and Character of Dr. Hering</b>	<b>288</b>
<b>Ingrowing Toe Nail, Operation for</b>	<b>388</b>
<b>Improvement in the Art and Science of Obstetrics</b>	<b>406</b>
<b>Influence of Pilocarpin on Baldness</b>	<b>64</b>
<b>Influence of Climate in Consumption</b>	<b>455</b>

### **J**

<b>Johnston's Fluid Beef</b>	<b>351</b>
<b>Jaborandi and Pilocarpin</b>	<b>64</b>

### **K**

<b>Kansas State Hom. Med. Society</b>	<b>87</b>
---------------------------------------	-----------

### **L**

<b>Locomotor Ataxia Cured by Nerve Stretching</b>	<b>413</b>
<b>Letter from Western Academy, by Smilax</b>	<b>196</b>
<b>Lactopeptine</b>	<b>63, 288</b>
<b>London Fogs and the Death Rate</b>	<b>312</b>

### **M**

<b>Medical Society Discussions (St. Louis)</b>	<b>107</b>
<b>Maltine</b>	<b>120</b>
<b>Medical Expert Testimony</b>	<b>421</b>
<b>Milk as a Cause of Tuberculosis</b>	<b>428</b>
<b>Morphine Cramps</b>	<b>208</b>

Married—Dr. R. L. Hill, Dubuque, Iowa.....	63
“ Dr. J. A. Campbell.....	288
Maltine, or Diatetic Specifics.....	229

## N

New York State Hom. Insane Asylum.....	426
Neural Analysis.....	376
Notes on London Hospitals.....	309
Natural History of the Tape Worm .....	352
Neuroplasty.....	259
New Vaginal Speculum .....	262
New Syringe.....	264
New Thermometer (Clinical).....	263
New Operation for Hydrocele .....	254
Notes on London Hospitals—Chian Turpentine .....	436

## O

Oration on Dr. Hering.....	282
On Night Sweats in Phthisis .....	64
Original Poem.....	289
Ovaritis.....	31
On the Prevention of Hare Lip and Cleft Palate, etc.....	322

## P

President Walker's Address at Minneapolis.....	259, 453
Pathomania.....	156, 161
Opohorectomy .....	238
On Treatment of Night Sweats in Phthisis .....	64
Ovarian Cystoma United to Bladder.....	417
Popular Errors Touching Homœopathy.....	121
Poem—"I Am Nothing; God Is Great!" .....	280
Poem—Life of Constantine Hering.....	289
Prolapsus Ani Cured by Hypodermics of Strychnine .....	119
Peri-Nephritic Abscess .....	386

## R

Resuscitating Frozen Animals.....	255
Researches on the Hom. Treatment of Wounds .....	393
Radical Treatment of Hydrocele by Injection of Carbolic Acid .....	415
Recent Allopathic Experience in Vindicating Our Law .....	81
Remarks by Dr. Spalding.....	282
“ “ Frohne.....	284
“ “ Carriere.....	284

## S

Surgical Bureau.....	313, 413, 382, 449
Serious Effects from the Use of the Aspirator.....	375

## *Index to Contents of Vol. III.*

5

St. Louis Society Discussions.....	20, 223, 370, 446
Surgical Statistics of Listerism.....	67
Scarlet Fever.....	103
Summer Complaint in Children.....	160
Strangulated Femoral Hernia.....	318
Strangulated Hernia.....	213

### T

Treatment of Diseased Joints.....	264
Tubercular Tumors of the mammary Glands.....	261
To Reduce Paraphimosis.....	261
To the Members of the Can't-Get-Away-Club.....	208
The Microscope in Medicine.....	246
The Missouri Institue of Homœopathy.....	117, 159
Tying the Cord.....	353
The Clinique.....	79
Tribute to Dr. Hering.....	286
The Commencement Exercises.....	25
The Winter Session.....	304
Treatment of Hydrophobia by Curare.....	62
The Rights of Woman to Practice Medicine.....	342
The Filaria Hominis.....	63
Trommer's Extract of Malt.....	351
Tour Around the College World.....	68
Two More New Journals.....	392
Therapeutic Effects of Lightning Upon Cancer.....	70
To Our Advertisers.....	482
Transfusion in Anæmia.....	90
The Effects of Triturition on Gold and Charcoal.....	135
The Way to the Summer Resorts of the Northwest.....	155
The Hering Memorial Meeting.....	288
The American Institute.....	80, 159
Tribute to Dr. Hering.....	272
To Prevent Development and Dissemination of Infectious Dis- eases.....	169
The International Homœopathic Convention.....	392
The American Institute at Milwaukee.....	174
The Female Perineum.....	199
The Question of the Hour.....	288
Transplantation of Skin.....	252

### V

Vaginal Hysterotomy.....	63
Vaseline or Cosmoline.....	385

### W

Why Is St. Louis the Healthiest Large City in the World.....	133
Western Academy of Homœopathy.....	79
Western Academy, Letter from.....	196

## Names of Contributors to Volume III.

---

Banes, A. V.....	Indiana.
Bernard, Dr.....	Brussels, Belgium.
Bowen, G. W.....	Indiana.
Boyd, J. T.....	Missouri.
Brooks, Jno. W.....	Arkansas.
Burger, C. J.....	Missouri.
Campbell, J. A.....	Missouri.
Canady, W. F.....	Indiana.
Carriere, Ch. L.....	Missouri.
Collisson, Wm.....	Missouri.
Comstock, T. G.....	Missouri.
Cowperthwaite, A. C.....	Iowa.
Cummings, J. C.....	Missouri.
Curtiss, E. E., Miss.....	Missouri.
Dake, J. P.....	Tennessee.
Davis, F. L.....	Indiana.
De Cailhol, E. A.....	Missouri.
Dudgeon, R. E.....	London, England.
Dunlap, E. W., Mrs.....	Indiana.
Eaton, M. M.....	Ohio.
Foster, W. D.....	Missouri.
Franklin, E. C.....	Michigan.
Frohne, Jno. P.....	Missouri.
Goodman, C. H.....	Missouri.
Gundelach, Chas.....	Missouri.
Gatchell, Chas.....	Colorado.
Haggart, D.....	Indiana.
Harris, W. Jno.....	Missouri.
Haynes, J. R.....	Indiana.
Hoermann, F. B.....	Illinois.
Joussett, Dr.....	Paris, France.
Kershaw, J. Martine.....	Missouri.
Knox, F. T.....	Missouri.
Martiny, Dr.....	Brussels, Belgium.
Morgan, W. B.....	Missouri.

*Names of Contributors to Vol. III.*

7

Parsons, S. B.....	Missouri.
Patchin, T. J.....	Kansas.
Pearman, M. B., Mrs.....	Missouri.
Potter, Sam'l.....	Wisconsin.
Richardson, W. C.....	Missouri.
Runnels, M. T.....	Indiana.
Sanborn, E. M. E., Miss.....	Massachusetts.
Sanders, J. C.....	Ohio.
Scott, E. A., Mrs.....	Missouri.
Smith, W. A.....	Illinois.
Spalding, C. W.....	Missouri.
Storke, E. F.....	Wisconsin.
Talbot, I. T.....	Massachusetts.
Taylor, C. W.....	Missouri.
Taylor, H. W.....	Indiana.
Thrailkill, Jno. W.....	Missouri.
Valentine, Philo G.....	Missouri.
Valentine, Roswell D.....	Illinois.
Walker, G. S.....	Missouri.
Weber, Leonard.....	Illinois.
Wesselhoeft, Conrad.....	Massachusetts.
Yeager, Gustav.....	Stuttgart, Germany.





75262

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., MARCH, 15. 1879,

NUMBER 1.

---

## MEDICAL LEGISLATION.

*Or how to Prevent Shams and Encourage Increased Excellence in the Medical Profession by Legislative Enactments.*

We take the following article from a late number of the *Detroit Free Press*, written as it seems, in explanation of some points brought out by a correspondent of that paper.

The views presented are different from any acted upon by State authorities heretofore, but are nevertheless, well worth serious consideration. The plan proposed by the writer, who will be recognized by his initials as one of our own contributors, may be styled the *Medical Enlightenment Act*, inasmuch as its provisions simply make known to the people the qualifications of different practitioners, or the studies pursued and testimonials obtained, without any interference with the freedom of study or practice, on the part of any one proposing to exercise the functions of a physician.

But here is the article which will speak for itself.

### SIGNOR MAX AND MEDICAL SHAMS—WHAT STATE AUTHORITY SHOULD DO.

To the Editor of the *Detroit Free Press*:

In your issue of February 2, I was pleased to read the truthful and striking portrayal of medical shams contributed by "Signor Max."

The people's ignorance has indeed always been the efficient support, if not the cause, of this crying evil—not ignorance alone of "what constitutes a reasonable knowl-

edge of medicine"—but, as well and more immediately, an ignorance of the *actual qualifications* of medical men who assume the role of physicians.

However high the conceptions of a people regarding the science of medicine, and however extensive and accurate their acquaintance with what may be demanded of the medical practitioner, very few are able to discriminate among those offering their services in times of sickness and danger, so as to tell which to trust and employ and which to discard.

The house in which the practitioner dwells, the vehicle in which he rides, the church he attends, the grade of society in which he moves, the style of clothing he wears, his personal bearing, and age and activity—not any, nor all of these are the necessary exponents or indices of his medical learning and skill.

Nor is a medical diploma from a chartered institution a satisfactory guaranty of professional acquirements; especially, years after its possessor has left the halls of learning. If the institution be one noted for thoroughness and the extent of its curriculum, its diploma may be a sufficient certificate that the physician, when a student, applied himself to study for a given length of time; that he attended certain lectures, and, out of a ready memory, answered divers questions satisfactorily.

It cannot certify more—cannot assure the people that its possessor has been diligent in the study of improvements in medical art since he graduated—cannot say that he has been upright and faithful, and above all, successful as a practitioner.

How then, you ask, is the people's ignorance to be remedied—how are their minds to become enlightened—how shall they be enabled to distinguish the educated from the uneducated—the skilled from the unskilled—the true from the false, among medical men?

Before responding, allow me to say that I am an old practitioner of medicine; that I have had a hand in the education of many students, both in my office and in college halls, that I have been deeply interested in the efforts

to protect the public from the ravages of shams in the medical profession, and that I have very decided views on the subject.

The old plan, requiring every practitioner of the healing art to show a diploma from a chartered school of medicine, or a certificate of having undergone a satisfactory examination by a medical board, appointed by authority of the State, in order that he or she may attend upon the sick, is entirely worthless. It never has and never will insure educated and faithful physicians for the people, nor prevent the existence of shams in the medical profession.

So long as college charters are cheap and faculties human and competition brisk, and a diploma, a diploma; and so long as good memory may be associated with a bad judgment or a corrupt mind; and so long as examining boards are under political and sectarian influence, shams will flourish and the people suffer from their impositions.

When medical boards presume to go back of diplomas, "ring" intrigues will prevail over the dictates of justice, and prejudice and selfishness, clothed with State authority, will gather their harvest regardless of science and the interest and rights of the people.

Medical skill has never been confined to men with medical diplomas, nor to those bearing the certificate of an examining Board.

It is acquired by no fixed methods nor through any prescribed agencies.

You ask me again how the people are to be protected from the designs of medical imposters, and what the State ought to do in the premises? The answer is easy and ready.

While the State, by any kind of censorship, cannot successfully pass judgment upon the competency of her medical men, placing an authoritative seal of approval upon some and of disapproval upon others; and while she may not rightfully dictate the choice of the medical attendants, her laws may be so framed as to throw a flood of light upon the medical profession, revealing in the most effectual

manner, the opportunities had and efforts made in medical learning and practice by each member.

While the State, under the old system, does not propose to bear the burdens imposed on individual citizens by the incompetency of her licentiates, she cannot rightfully prevent their resort to physicians not licensed, who have demonstrated their skill to the satisfaction of the people.

Here is what the State can rightfully and effectually do.

1. Require the clerk in each county to keep a register, a book subject to public inspection, in which every practitioner of medicine or surgery shall write his or her name with all the titles thereunto belonging.

2. Require also, after the name and titles, a statement of the time when, place where, and preceptor with whom, he or she began the study of medicine or surgery, the length of time spent in such place and under such training.

3. Require also, a statement of the name and place of the schools or colleges in which instruction was received, with the date of entry and of leaving the same, with titles received from such institutions, if any were received.

4. Require also, a statement of the place or places where he or she has been in medical practice, with the date of beginning and ending of the same.

5. Require each practitioner to make oath, in the presence of the clerk, that each statement placed upon the register is the truth and the whole truth, as required by law.

6. Require each practitioner, under proper penalty, to make the prescribed record within one week after stopping in any place to practice medicine or surgery.

7. Require the prosecuting attorney, upon complaint of any citizen, that a false record has been made upon the register, to cause the arrest and trial of the person so accused, under the laws made and provided for perjury.

8. Require the county clerk to issue to each practitioner duly registered, a certificate, which shall bear a transcript of the record made, and be good in any part of

the State ; provided, the fee of two dollars is paid to the clerk therefor ; and provided, further, that in case of removal to any other county in the State, or a stay there for professional purposes for a period of one week or more, the registration, as originally required, shall be repeated.

Adopting this method of dealing with the medical profession, the State would assume no unfair censorship over it and would interfere in no wise with the rights of her citizens.

Facts in the history of each practitioner would be brought out so that the people might know something of the acquirements and probable qualifications of those to whom they are to intrust health and life.

As some institutions rank higher than others, diplomas would differ in value ; and the inevitable tendency would be to send students to the best colleges and universities in the land.

Schools would think more of a high grade of scholarship than of large classes, and students would prefer a long and thorough course of study, under reputable preceptors, to the hasty run, over the limited course now generally required.

States adopting this style of registration would soon be clear of the resident and peripatetic medical shams now flaunting their signs and posters in the faces of the people.

Under the stimulus of competition, no one would be allowed to play the part of a physician or surgeon more than one week in a place, without being duly registered ; and woe betide the wretch who should make a false entry upon the register to further his individual interests.

This is the only rational and effective State method for the encouragement of a thorough course of scientific and medical preparation for physicians, and for banishing medical ignorance and incompetency from the land.

J. P. D.

NASHVILLE, TENN.

## ***TYPHOID FEVER AND ITS TEMPERATURE.***

BY E. A. MURPHY, M. D., NEW ORLEANS, LA.

### **SYNOPSIS.**

A disease offering a peculiar lesion of the glands of Peyer, said glands being situated in the ilium. The spleen becomes enlarged and tender; meteorism, sudamina, epistaxis, extreme debility, apparently not proportionate to existing symptoms; petechiæ, intestinal hemorrhage, diarrhœa, delirium, *especially* at night, while during the day the patient may be perfectly conscious. Fuleginous character of mouth; tongue becomes hard, black and dry as a board; great deafness, tendency to sloughs, exanthema limited to anterior portion of thorax and abdomen, are few in number—from 2 to 20; sudamina appear twice during course of the disease, viz., during the early stage; also while convalescing. Pain in right iliac fossa, especially when that region is pressed upon, a gurgling noise is heard. Ulcerations set in about the first part of second week at extremity of ilium, and proceed upwards. Skin dry and dusky: this is due to great deficiency in capillary circulation. The pulse, in this disease, is less important than the temperature. Where there is a doubt about a disease being typhoid, the following cardinal points will easily rectify hesitation. A disease which during the first and second days, offers a temperature of 104 *is not typhoid*. If after the fourth day there is a temperature of 102, it is not typhoid. A disease which during the first seven days offers, were it but once, a normal temperature, is not typhoid. If during the second half of the first week there is a temperature always inferior to 102.5, it is not typhoid. By a careful examination of the *ascending oscillations* it will be easy to obviate any error in diagnosing certain diseases which at first may offer a doubt. In *pneumonia* the temperature rises suddenly: within 48 hours the temperature will reach its maximum.



*Intermittents* and *malarials* will, after a few hours, show a temperature nearly normal, if not quite. A difficulty may present itself in a case of *gastro-intestinal* fever, but the variations of the oscillations, during the first 30 hours, will not lead you astray.

As a rule, the temperature averages an increase of *one degree* a day during the ascending *oscillations*; while the morning remission is about *one-half a degree*. Consequently the morning remission will always be below the temperature of the night previous. Example:

First day—At night, 102.

Second day—In morning, 101½.

Second day—At night, 103.

Third day—Morning, 102½.

Third day—At night, 104.

Fourth day—Morning, 103½.

Thermometrically speaking, we divide the disease into three periods, as follows:

First; period of ascending oscillations.

Second “ “ uniform “

Third “ “ descending “

Prognosis.

A temperature of 108 during the *second* period is certain death. A temperature of 107.6 is nearly always fatal. A temperature of 105½ is a serious case; 104 to 105 is an average case; 102 recovery certain. The lower the temperature during the *second period* the milder the case.

A sudden fall of temperature, say 3 to 4 degrees in a few hours, is a fatal sign. It results from hemorrhage, or collapse of the heart. Exacerbations beginning before 12 A. M., and lasting until midnight, is a bad omen.

But do not believe that you can “break up” a case of typhoid any more than you can any other disease. Such ideas are not worthy of a physician. Every disease must go through its evolution. We modify a disease by shortening the duration of its different stages, but its evolution must take place. Thermometrical variations which mark the passage of one period into another happen either in

the *middle* or at the *end* of each week, counting from the first day of the disease. The white or yellow coating of the tongue *is due to no gastric trouble*: it is nothing more or less than a desquamation of epithelium of the tongue resulting from inflammation.

---

COMMENCEMENT ADDRESS,

*To the Class of 1878-'79, of the Homœopathic Medical College, of Missouri.*

---

BY J. MARTINE KERSHAW, M. D., ST. LOUIS, MO.

---

LADIES AND GENTLEMEN :—I shall address my remarks to-night mainly to the young gentlemen who are about to pass from these halls to the arduous field of practical medicine. I shall endeavor to speak to them of a few plain matters which may be of service to them, and at the same time prove not uninteresting to you who have so kindly gathered with us to-night.

You will find, gentlemen, that your medical life will begin with individual work, which will remain individual work, until death itself shall give the work to others. It is individual in that you must do it all with your own hands and brains unaided and unassisted by others. To employ assistance permanently would be to give your business to others, with but a slight prospect of its return. Now, this medical work must be systematic, practical, and constant. You must go at it energetically, and back it up by the very best article of straight, common sense. You should carefully study all the various forms of disease, and then attend to the ailments of your patients conscientiously, and self-reliantly. Know your business thoroughly and well, and then go ahead with a firm belief in yourselves. Do not mind what the world says about you, but move on steadily, consistently, and surely. Some of your considerate friends will object to your general make-up because you are too tall, some that you are too short, others that you are too thin, and others that you are too

fat. Do not argue the matter with them, but go on steadily, driving pegs into the medical field that will slowly, but certainly make your reputation if you but give your undivided attention to these medical pegs. Believe me, when I say that your reputation must be made by yourselves, and not by your friends. Your medical work must speak for you, and will do so, irrespective of the praises of friends or the maledictions of enemies. Don't start out with the purpose of leaning on somebody for support. It is the purpose of not a few young men to fall in with some kind, benevolent old physician, with too much practice, who will generously take them in and do for them. I wish to tell you just here, that these tender-hearted, kind old gentlemen are all dead. The milk of human kindness does not boil over in that way now-a-days, and doctors with too much practice do not live in this part of the country. Some men are always hanging about waiting for something, or somebody to give them a start. They perhaps do not say it, but nothing would delight them more than the funeral of their mother-in-law, or some rich aunt or other relative, by which the necessary start could be made. Sometimes the dear relatives have a persistent way of living on, despite the wishes of the individuals waiting for a start. This is annoying, but as they have no alternative, they continue to wait and lounge, dependent from the beginning and always.

Some men resolve early in life to marry rich. They acknowledge at the beginning their inability to make a respectable living, and therefore determine to beguile some unsuspecting maiden into supporting them for life. Such an one purposes giving the woman the proud privilege of calling him "husband," while she permits him to drive her horses, meets the board and tailor's bills, and supplies the other little items which a fastidious gentleman of this class finds so necessary in making life comfortable. Numberless women are swindled in this way, and go down the stream of life with a wretched something, miscalled a man, hanging to them; nor do they ever let go so long as the bank account hangs out, but cling to the

woman with a perseverance and steadfastness of purpose that would have yielded a fair return of the needful in some legitimate trade or profession. There may be a great deal of nobility in such a course; the woman may, perhaps idolize the dear man, and the dear man may be proud of himself; but ordinarily this is not so. A woman naturally scorns a man she cannot look up to and respect, and a man with even the faintest trace of sterling manhood will despise himself for having sold his liberty and his self-respect for the mess of pottage that any honest soul can have, and still be a free-thinking, free-acting gentleman. There is a humiliation, a mental and physical paralysis associated with dependence, that is as certainly slavery as is the most absolute bondage of which we can conceive; and permit me to say, that a man can never make a good father, a strong, brave husband, or a faithful citizen, who feels the shackles of dependence and self-degradation constantly binding him down and repressing the native manhood, which, properly exercised, is the fountain-head from which spring the noble thoughts and generous deeds which make the world of men and women purer and better. If you find yourselves specially successful in certain classes of disease, and your knowledge would be beneficial to humanity, write out your experience and send it to some medical journal. Some of your professional friends may criticise your action in writing, especially if you happen to hit upon their specialty or pet practice; but do not mind them.

It is your right to earn an honorable competency, and if by writing, you help your fellow-men and at the same time add to your reputation, that is a matter which concerns you only, and is perfectly legitimate and proper. Now, if there was even a remote probability of these kind friends stopping in to see you and settling your board bills, rent, etc., it might then be the proper thing to refrain from wounding their feelings; but otherwise I think I should write if I felt so inclined. It may happen too, that you invent some instrument by which human suffering may be greatly alleviated. This too, will give

some of your dear friends a genuine heart-ache. A matter of this kind does not, of course affect them directly, but because of the very natural, neighborly interest which they take in you, it pains them acutely to see you go on in such a way. Don't mind them. Many of them are doubtless really good friends of yours, and you should prize them as they deserve to be ; but it is human nature to pick at other people, especially if the other people will persist in doing things which we are too lazy to do, or what is worse, things which we have not the ability to do. Do not let them disturb you, gentlemen, but move on steadily, putting in the medical pegs higher and higher as the years roll on, building your business on the solid foundation of common sense and legitimate practice, and this too, without the stigma of dependence, past or present, to flush your cheek as you review in the time to come your life-work in the cause of humanity. When called to see a case, be master of the situation. I mean that you should know what the difficulty is with your patient ; you should know how to treat him ; and then do this with as little outside assistance as possible. This would at first sight appear very simple, but it is sometimes a difficult matter to do your plain duty. In most families you will find some motherly old lady of experience who is willing and anxious to assist you. Perhaps you don't need any help, but that does not weigh for a moment with the old lady. She determines from the beginning to give the patient the benefit of her experience, and the matter of your liking it is something which never for a moment enters the mind of the dear old soul. She understands perfectly well the virtues of a soap-and-sugar poultice, of goose-grease, and of onion-syrup, and is generally aching all over for a chance to give the patient one or more of these excellent remedies. You may not approve of onion-syrup, but that is of no importance to the old lady, and she will, in the majority of cases, apply a nice mustard plaster to the sore spot, and give a full dose of red-onion-syrup long before your next morning call. Sometimes the old lady happens to be a man. He

potters about the kitchen a great deal, is well acquainted with the action of herbs, and has an idea that every one who feels a little ill is desperately bilious. These troublesome bodies are aptly styled "old Bettys," or "Miss Nancys." This climate seems to agree with them, for there are a great many of them in this portion of the country. I do not know which is the greater nuisance of the two; but I have an idea which is daily becoming clearer, that in a world so perfect in all things there should be some inclosure especially fitted up for these people, where they might practice to their hearts' content, their innocent experiments upon each other. I do not think people mean any harm by these things, but great injury often follows, and you as physicians, will have to bear the blame attending a given case, however innocent you may be of having injured the patient. I think there is a polite, gentlemanly way of telling people that poultices and goose-grease are the finest things in the world, but that you do not need them in this particular case. A little gentlemanly decision will often quiet these excellent people, but if this does not do, and your patient's life is endangered by an over-amount of meddlesome interference, you might be a little more forcible, and a shade less elegant in informing them that you have sufficient medical education to enable you to carry the case through to a successful termination, and this too, without the assistance of any amateur practitioner of either sex. When called to see a sick person state the case clearly to him. Give yourself the same time to cure the weaknesses of a stated case as the architect does to repair a dilapidated building. He finds the roof faulty, the walls giving way, the chimney toppling, and a door off its hinges. He states the case to the owner and tells him that it will take three weeks to put the building in good order. Many of your patients will prove to be extremely dilapidated in many respects, and will require pretty much the same amount of propping as an old tumble-down building. Now, as buildings differ greatly as to condition, so you will find people

slightly ailing only, and others seriously ill, and yet both exhibiting the same general symptoms. Now, as physicians, you are in a position to know the nature and gravity of your patient's disease; and if it will require two weeks or three months to cure him, it is your business to tell him so. A cough may be a symptom of very trivial disease, or of an extremely grave affection. Now, never foolishly undertake to cure a disease in a week that requires three months; for it will take just one week to find out your mistake, and what is worse, your patient will find it out too, to your great discredit. A plain statement such as I have mentioned, is fair to your patient, because he knows what to expect; and it is fair to you, because there is some likelihood of his giving you sufficient time to relieve him of his difficulty, whereby you are enabled to carry out your contract with him, and at the same time add to your professional reputation. This is simply business, and it is the proper way to deal with people. There is a fair, honest, upright way of dealing, which should subserve the interests of both physician and patient; and I think this is the way. Sometimes a patient will be very grateful to you for your explanation of his disease, and will promise to follow exactly the instructions you give him. His complaint is chronic, having lasted ten years, and you tell him that it will require three months to cure him. He follows your instructions and treatment faithfully until he feels better, and that is the last seen of him until he gets into trouble again. He never gets well, for he fails to give you the opportunity to cure him. You receive no proper return for time and money spent in learning of disease, because, through force of circumstances, you cannot apply your knowledge; and, further, your reputation is injured wherever the man may go, from the simple fact that his friends know that you are, or have been his doctor, and that he is not well. He never mentions that plain agreement with you, but either meanly, or through ignorance, permits the people to believe you to be an incompetent physician. The efforts of the most skillful and conscientious physicians are con-



stantly baffled in this way. There is a deal of unfairness and injustice about this, but I fear they will continue so long as one party to what should be a plain business agreement, has the privilege of backing out of his contract whenever he feels inclined to do so. We read in books a great deal that is extremely poetical with regard to a physician's life. We read of how he is hurriedly called in the dead hours of the night, to see a little child wildly tossing about with burning fever and delirium. The family are terror-stricken, while the noble doctor quietly administers some soothing medicine; the fever dies away, and in a few hours the little one is bright and happy once more. The gratitude of the family is undying, and they shower blessings upon his head forever. In practical life, for some reason or other, this fever does not always subside in the magical manner above mentioned. Of gratitude, you may find an immense amount of it in the books, and a dreamy individual may imagine there is a deal of it about him everywhere; but a really good judge of the article does not run across it every day in the week. The blessings however, are much more plentiful; but they are not costly, and I have never known even an extraordinary quantity to affect one's bank account very greatly one way or another. A poetical doctor is the last one to get along in this practical world. Poetry and sentiment may be very nice in their way, and he may take a large quantity of both in return for his services; but their market value is not high, and they ordinarily make rather slim diet for his wife and children. Years ago, the kind, fatherly old doctor, was the right man in the right place; but in these practical times, the people know that kindness is one thing, and skill another, and strange as it may appear, they not unfrequently prefer skill to kindness when the baby has the croup. Every physician should be kind and sympathetic, but he should not rely on these qualities altogether to carry him through an epidemic of scarlet fever or cholera. Be practical, skillful. Couple these with a great, noble, manly heart, whose every throb beats in warm sympathy with the suf-

ferings of God's creatures, and you have one born to be kind, and good and helpful. In your medical life you will treat strong men, little babes and weak women. Care for them carefully and skillfully. Of these latter, I wish to say a few words, for with an exceptional class, sympathy and kindness are of more importance than drugs in the curing of disease. Some women start out in life with strong minds and bodies; but as the result of repeated mental and physical shocks, they become nervous and hysterical. They are apparently well in many instances, yet little things completely unnerve them. In very many instances, the cause of their condition is ever present, and the circumstances such that it cannot be removed. Such women are often deplorably helpless, and their condition is truly pitiable. As a rule, their ailment is made light of, and yet, there are to my mind, few who deserve more real genuine sympathy than these cases. Emotional exhibition of any kind is not what I mean, but the manifestation of pure manly sympathy: the giving of good advice and counsel—these together, with the imparting of encouragement and hope, will do wonders toward making these cases strong and well. Neglect will not cure them, and it is inhuman; while good judgment and kindness will often discover the deeply-hidden cause, and by its removal or palliation, a perhaps wretched and unhappy being will be rendered brighter and better for this simple instinctive humanity.

---

*CASE FROM THE HOT SPRINGS, ARK.*

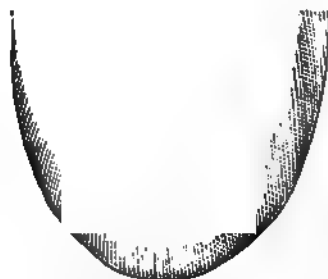
---

BY DR. JOHN B. BROOKS.

---

Mr. D. N., of N. Y. city, 54 years of age, of decided bilious temperament, had for fifteen years been afflicted with an ulceration of the leg. Numerous fistulous openings over the surface, extending from knee to ankle. Leg and foot much swollen, and the whole having a dark purplish appearance. The nerve forces were completely broken down from long continued drain upon the system, con-

stant annoyance, and incessant suffering. For ten years there had been continuous discharge of purulent matter from these fistulous openings. He had tried many physicians of N. Y. city, and other parts of the country, and the summer before coming here he had spent in Europe, without any benefit. He came here in the spring of 1875, and after a daily use of these waters, and proper medical attention, in three weeks was able to lay the crutches away and walk like a man. In six weeks he left here WELL, and has continued so up to this present writing, now nearly four years.



### *HARE-LIP.*

BY S. B. PARSONS, M. D., ST.  
LOUIS, MO.

The accompanying cut represents the case of a little girl, 2 years old, with double hare-lip, and the third child in the family born with this malformation.

The cleft did not involve the alveolar, but was confined to those points of union between the lateral and median portions of the labia, which unite during the development period of the fœtus. All other parts of the mouth were normal. The operation I performed for the relief of the deformity was as follows: The edges of the V shaped, or middle piece, were first made raw by paring off the mucous membrane, and from each lateral piece a wedge-shaped flap was formed by commencing an incision at the apex of each cleft, and cutting downward and outward toward the angle of the mouth, stopping at a point on a line with the lowest point of the central piece. The first cut surfaces of the sides were then approximated to the central piece, and secured by two silver pins which were entered at the left side and made to traverse the middle body, and reappear on the right side; of an

inch from the border, around which were wound four turns of silk thread. The free extremities of the flaps were then made to meet in the median line, where they were fastened by silver sutures to the lower part of the middle piece and to each other. Adhesive strips were carried in different directions to control muscular action and to support the sutures, but none were passed across the wounded surfaces. A light layer of charpie, saturated with a calendula lotion and supported by a roller, was all the dressing applied. The silver sutures were removed on the fifth day, and the pins on the seventh, with perfect union between the parts.

---

*POST-MORTEM*

*Of Dr. D. R. Luyties, of St. Louis, Mo., and the  
Discussion thereon by the St. Louis Society of  
Homœopathic Physicians and Surgeons.*

---

ST. LOUIS, MO., January 11, 1879.

Post-mortem examination of Dr. D. R. Luyties, of St. Louis, Mo., made twenty-four hours after death by Dr. S. B. Parsons, assisted by Drs. Comstock, Everett, Gundelach and Campbell:

Incision made down both sides, from middle of clavicles to lower border of ribs. Inclosed parts dissected up and sternum reflected back over the face.

Adipose tissue abundant both externally, and internally in anterior mediastinum. Pericardium extends one and one-fourth inches to the right of the sternum. Upper border of liver extends to lower margin of fourth rib. Surface of both lungs deeply mottled and adhesions of left lower lobe to costal wall, also posterior right upper lobe. Lower border of right lung has adhesions to diaphragm and costal wall. Pericardium was opened and revealed but a small amount of fluid, only a little more than normal. Pericardial tissues softened and easily torn, with adhesions on left side, also firmly adherent to the trachea.

There was an accumulation of fat on the surface of the heart and ecchymosed spots on right and lower heart surfaces. Heart flabby, slightly enlarged on right side, with left ventricular atrophy. Right auricle dilated one-half larger than normal. Right ventricle contains about one drachm of bloody serum, walls pale and fatty; all other inner tissues normal, but muscles pale.

Aortic valves normal. Left ventricle walls thin, muscles pale. Slight fatty deposit in upper left ventricle. Valves normal. Fatty degeneration of all them uscular tissue. Blood clotted in pulmonary veins, and fibrous clot in pulmonary artery. Left costal pleura reddened with numerous ecchymosed spots.

Both lungs œdematous, especially lower lobes. When lung is cut into, a foamy fluid given forth. Lung tissue dark red and very crepitant. Right upper lobes dark brownish red, with numerous black spots. Left lung more œdematous than right, and contains more frothy liquid on section.

Abdominal walls fatty. Omentum normal. Left lobe of liver atrophied, right hypertrophied. Peritoneal adhesions on posterior surfaces of liver. Liver tissue dark, dense red. Gall bladder nearly empty and smaller in size than normal.

Kidneys imbedded in fat. Supra-renal capsules almost entirely disappeared. The spleen even more semilunar in shape than normal.

Stomach empty, full size, walls thin. Mucous membrane dark red about cardiac region, dark blue in vicinity of pylorus. Pyloric orifice contracted and walls thickened.

The president, Dr. Jas. A. Campbell, after reading the above report, stated that the subject was open for discussion.

DR. WM. COLLISSON :—I should like to hear from Dr. Parsons, who was one of the attending physicians on Dr. Luyties during his last illness, what remedies were used in the case.

DR. S. B. PARSONS :—The remedies used were Arseni-

cum and Kali-hydriodicum principally. Other remedies were used, but they would not relieve longer than twelve or twenty-four hours. Under Arsenicum and Kali-hydriodicum he was kept comparatively comfortable.

DR. P. G. VALENTINE:—Mr. President: It will be impossible for us to discuss this post-mortem report properly, unless we have an intelligent and full statement of the ante-mortem condition and history of the patient from those under whose treatment he continued to the last.

DR. PARSONS:—Dr. Luyties' principal difficulty was dyspnoea—a constant shortness of breath. This interfered with his talking and towards the last with sleeping. He could scarcely lie down, but had to sit up and lean forward to breathe with any ease at all. His pulse was very feeble, and the heart sounds were barely perceptible to auscultation and from the semi-prone position he assumed it was almost impossible to make an examination with the ear or stethoscope. The heart sounds were inaudible for two days before he died. He did not suffer much pain. He had fainting spells, and hadn't been up stairs for a long time. He had trouble with his bladder; scanty, painful urination, urine thick and ropy and albuminous. Two years ago he became uneasy about his heart, and ecchymosed spots appeared on his chest and trunk and limbs, and he went to New Orleans and remained a few months, when they all disappeared and never returned. A few weeks since, he again became alarmed about himself and made another visit to New Orleans and consulted Dr. Holcombe. Dr. Holcombe pronounced his case hopeless, and advised him to return home with all possible haste. He did so, and sank rapidly from the time of his arrival, living but a few days. I was with Dr. Gundelach in the treatment of his case, and our diagnosis was fatty degeneration of the heart.

DR. VALENTINE:—From what we have now heard and personally know of the symptoms and sufferings of Dr. Luyties, he had during life almost without exception, every symptom and physical sign known to belong to

fatty degeneration of the heart, as confirmed by the autopsy. He was a large, fleshy man, with a tendency to fatty deposit; over fifty years of age; sedentary in his habits; fond of the luxuries of the table, and a partaker of wine and beer, and had prominent eyes, with the *arcus senilis* well marked, showing fatty degeneration of the cornea. He had dyspnœa constantly, and orthopnœa frequently, with such shortness of breath as to render his speech difficult and voice feeble. He had paroxysms of syncope, resembling apoplexy. He had a pallid countenance and an extremely feeble circulation, auscultation scarcely revealing the impulse of the first sound of the heart. This feebleness or absence of the systolic sound also occurs in hydrops-pericardii, so that it takes great skill in the diagnostic art to make the differentiation. The post-mortem proved the correctness of Dr. Parsons' diagnosis, a pleasant thing to occur where doubts and conflicting views have been expressed. Dr. Luyties also had renal and vesical and urethral difficulties, with strangury and burning micturition, passing small quantities of thick,ropy, albuminous urine. The kidney complication is more testimony in favor of the hypothesis of fatty degeneration of the heart, and may have been the predisposing cause of the heart affection.

DR. CAMPBELL:—I have in the *London Lancet* here, an account of an interesting post-mortem made by Dr. John C. Lucas, surgeon of the English army in India, wherein the examinations disclosed fatty degeneration of the heart in a case where it was not suspected at all during the life-time of the patient, illustrating what Dr. Valentine says in regard to the great difficulty in diagnosing this disease. It is something new to me that the *arcus senilis* is a symptom of fatty degeneration of the heart, and I should be inclined to doubt it, as it is liable to be present in any person advanced in years as Dr. Luyties was.

DR. W. A. EDMONDS:—I think the subject of cardiac disease one of great difficulty and vast importance, difficult in diagnosis and therapeutics; important from fre-

quency of occurrence and gravity of results. Doubtless a corresponding conviction in the minds of members as to the difficulties of the subject, furnishes an explanation as to their shyness and reticence in the present discussion. Diagnosis I consider of much importance with reference to both prognosis and treatment. If the signs and symptoms lead to a diagnosis of organic disorder, I have little or no confidence in treatment with any hope of cure. Palliation may be accomplished, but cure can not. I think well marked cases of organic heart disease in any form, rarely or never get well. This unfavorable prognosis, is more or less common to all the organs of the body, under organic disease, the function of which may not be suspended during the attempt at recovery. We readily repair a torn muscle, a broken bone, a wounded eye, or a diseased larynx, by placing the part in a total state of disuse during the progress of repair. But not so with the lungs, the brain, bladder, stomach or heart. These must, of necessity, continue the work of function, sick or well, or the whole body dies outright. If the heart disorder be one of function merely, the prognosis may nearly always be set down as favorable, especially under homœopathic auspices, with such excellent remedies as Aconite, Digitalis, Arsenic and Cactus in sight.

The deceased, in both temperament and habits of life, as well as by age, was eminently liable to fall into obesity and local "fatty degeneration." Pathologists make a distinction between obesity and "fatty degeneration;" a distinction without much difference after all. The "degeneration" is probably an advanced stage of the obese tendency or condition. A lymphatic temperament, physical indolence, hearty table habits and a generous cup did the work for our departed friend. A little reserve and prudence in his particular modes of indulgence, which we believe were simply somewhat in excess, rather than violent, with a daily brisk walk, or half hour's calisthenic course, might, and doubtless would have saved him to a life of activity and professional usefulness for twenty years.

The members of our profession in full employment,



make a grave mistake in supposing that the daily routine of practice, while in the use of a carriage, gives sufficient bodily exercise.

An early morning walk or horseback canter for an hour, with prudence in diet and wine and tobacco, would increase the average duration of life and professional usefulness from ten to twenty years.

As to there being any connection, either as cause or effect, between the kidneys and heart, when both are diseased, I do not believe it, sir. When they are found existing together, it is simply a coincidence, in my opinion, and nothing more.

DR. CAMPBELL.—I would ask Dr. Parsons how he accounts for the atrophy of the supra-renal capsules?

DR. PARSONS.—In all fatty degenerations of the body, the supra-renal capsules are among the first to disappear. Fatty degeneration may take place in any tissue in the body, and consists in the substitution of fat or oil-cells for the original tissue. It may be in the bones. If in the arteries, they are said to be atheromatous. If in the muscles, they become soft and paralyzed. It may be in the spleen or liver or kidneys, and if in the heart, the muscular fiber becomes displaced by the fatty deposit, and the organ becomes enfeebled, liable to rupture, and unable to contract or relax, and death follows from pure loss of power to carry on the circulation of the blood, as was the case with Dr. Luyties.

DR. VALENTINE.—There is a wide difference between a fatty heart and fatty degeneration of the heart. The former is an excessive accumulation of fat on the outside of the heart, and in the intermuscular spaces; is both external and interstitial, and is called *obesity* of the heart. And this fat may be so great as to embarrass the heart by simple mechanical pressure so much, that there will be feebleness or absence of the cardiac impulse, and at last paralysis of the organ. To be fatty degeneration, the *fat cells* must be within the sarcolemma, and substituted for the original contents of the sarcolemma. Fat outside the sarcolemma is fatty growth, but inside is fatty degeneration.

Dr. Luyties had suffered with many diseases. He had œdema of the lungs: pleuritic adhesions showed he had had pleuritis. Adhesions and serum within the pericardium showed that he had suffered from pericarditis, a very painful disease. Enlargement of the liver and its being adherent to the diaphragm, showed that the liver had also been inflamed, and that peritonitis was another of the diseases that brought him to his grave.

DR. KERSHAW.—I agree with Drs. Valentine and Parsons with regard to the fatty deposit in this disease, not being interstitial, but actually taking the place of muscular substance. Any amount of fat about the heart does not make it fatty degeneration, but the substitution of fat for pure muscle is fatty degeneration. I cannot agree with Dr. Edmonds that it is simply a coincidence that the kidneys were affected as well as the heart. It is a well-known fact that there is often a direct relation between diseases of the heart and kidneys. Nor can I agree with the doctor, either, that we should simply palliate heart diseases; we should apply curative measures, and the results are often quite satisfactory. It is a curious fact too, that a heart affection often apparently exempts the patient from other diseases. They do not necessarily die early, but often outlive stronger and healthier individuals.

---

---

## *MEDICAL AND SURGICAL SURFACE MARKS.*

---

BY AMBROSE S. EVERETT, A. M., M. D., ST. LOUIS, MO.

---

THE NECK.—The neck is that portion of the body situated between the head and trunk. It is bounded above by the base of the lower jaw, mastoid portion of the temporal bone and occipital part of the skull, and below by the clavicle, sternum and scapulæ. This region in its general outline, is cylindrical in form and its base rests upon the shoulders. Viewed in its natural position it is

decidedly convex in front and on its sides. These surfaces present certain well marked depressions and eminences which have long since become fixed and established points of reference, important to the operator, and which no cultivated surgeon ignores. Its posterior surface is irregular and flat and presents nothing of special interest. In all well formed necks certain well defined surface marks present themselves. These indicate the position of important organs, whose relations are often, of the greatest solicitude to the surgeon.

It is important to remember that the neck, from its cylindrical outline and enlarged base renders the smooth application of broad bandages to its surface nearly impossible. Narrow bandages should be used, as with them the dressing can be made to fit more perfectly the surface of the neck,—a broad bandage whose lower edge is curved like the ancient stock, may be made to fit accurately the clavicular portion of this region. Bandages of similar shape will be found necessary to adapt them to the upper and lateral parts of the neck, and especially to the chin and lower jaw.

1. *Neck—Its lateral region.*—If the face be turned strongly to the left side, so as to bring the lower jaw into a line parallel with the clavicle, the right side of the neck presents a parallelogram, bounded below by the clavicle, and above by the lower border of the lower jaw, and by an imaginary line drawn from its angle to the mastoid process of the temporal bone. If the face be turned strongly in the opposite direction, then the left side of the neck will present a similar parallelogram.

*a. Sterno-mastoid muscle.*—The first thing which strikes our attention in this region is a prominent ridge, which extends across this parallelogram diagonally from the sterno-clavicular articulation, upward, outward and backward, to a point just behind and beneath the ear. It is the sterno-cleido-mastoid muscle, standing out in bold relief, and constituting the chief surgical surface mark at the side of the neck. It divides the parallelogram into two triangles—an anterior and posterior.

The anterior one is bounded in front by the median line of the neck, above by the lower border of the lower jaw and the imaginary line before spoken of, and behind by the anterior border of the sterno-mastoid muscle. The posterior one is bounded below by the clavicle, behind by the anterior border of the trapezius, and in front by the posterior border of the sterno-mastoid.

Inspection sometimes, and pulsation always, reveals a small triangular space just above the sternal end of the clavicle. This is the cellular interval between the sternal and clavicular origin of the sterno mastoid muscle. In dividing the tendon of this muscle by subcutaneous section, as is sometimes done for the relief of torticollis or wry-neck, it must be remembered that a knife introduced in this place, in a slanting direction inwards, to the extent of four lines would, in most cases, wound the common carotid, and in an outward direction, the internal jugular vein.

The anterior border of this muscle overlaps the common carotid artery, the direction of which corresponds to a line drawn from the sterno clavicular articulation to a point midway between the angle of the lower jaw and the mastoid process of the temporal bone. Usually the artery extends as high as the lower border of the thyroid cartilage. Opposite the cricoid cartilage it may be compressed for a short time against the spine with considerable facility.

About the center of the posterior border of the muscle the superficial branches of the cervical plexus emerge, the largest one of which, the auricularis magnus, winds over this border at this point and ascends to the Parotid gland on the muscle's anterior surface. The spinal accessory nerves pierces the muscle at the juncture of its upper and middle third on its way to be distributed to the trapezius. The depression along the anterior border of the muscle is called the carotid fossa, and is bounded internally by the trachea. The well marked depression on the inside of the clavicular origin of the muscle is called the supra clavicular fossa, and is bounded externally by the anterior borders of the trapezius and splenius muscles.

*b. Veins.*—In this region the subcutaneous veins are covered by the integument, superficial fascia and the platysma myoides. The external jugular is by far the most important of all of them. The direction of this vessel corresponds to a line drawn from the angle of the lower jaw to the middle of the clavicle, beneath which it passes to join the subclavian. With the sterno-mastoid on the stretch, as it is, in the position in which we are studying the neck, very gentle pressure over the lower end of the vein, will make it to stand out prominently. It is essential to remember that this vessel is crossed obliquely by the fibres of the platysma myoides, so that in bleeding from it, if the point of the lancet is introduced in the direction of the muscular fibres, the orifice made will be filled up by the contraction of the muscle, and blood will not flow; the incisions should therefore be made across the course of the fibres, so that by the contraction of the muscle, the orifice in the vein will be drawn open and the flow of blood facilitated. Occasionally a communicating branch passes from the cephalic upward and inward over the clavicle to the external jugular. This, for the want of a better name, let us call the communicans-jugulo-cephalic. The anterior jugular is situated on the inner side of the sterno-mastoid muscle commencing opposite the junction of the body and greater cornu of the hyoid bone; passes down the side of the neck, between its median line and the anterior border of this muscle to the lower part of the neck, where it dips down and passes behind the muscle to open into the subclavian vein, near the termination of the external jugular. It must be remembered that the size of this vessel usually bears an inverse proportion to the external jugular. Occasionally we have only one exterior jugular instead of two, which is the usual arrangement. The anterior jugulars communicate by a transverse trunk just above the sternum. It is this transverse trunk which receives the inferior thyroid veins.

*c. Supra-clavicular Fossa.*—The prominence and size of this depression depends very much upon the extent of attachment of the sterno-mastoid and trapezius to the

clavicle. If the contiguous borders of these muscles are in contact, only a very small depression is visible, while upon the other hand, if they are widely separated, the fossa acquires considerable dimensions. Its size and extent is also affected by age and the degree of emaciation. In old age and in persons greatly emaciated, the hollow above the clavicle is very extensive. In youth and in persons of moderate flesh, this depression is to a great extent lost, while the more extensive the attachment of these muscles to the clavicle the greater will be the beauty and gracefulness of the contour of the base of the neck.

*d. Contents of the Supra-Clavicular Fossa.*—The third portion of the subclavian artery is found here. The vessel is more superficial here than in any other part of its course, while the height to which it rises in the neck varies, yet usually its pulsations can be felt one inch above the clavicle near the posterior border of the sterno-mastoid. In front of it we have the integument, the superficial fascia, platysma myoides, the deep fascia, external jugular, supra-scapular and transverse cervical veins, descending branch of the cervical plexus, subclavius muscle, supra-scapular artery and clavicle: behind, the scalenus medius; above, the brachial plexus and the omo-hyoid below the first rib. Now as the vessel rests upon the first rib, very little pressure will effectually compress it. The best position for the patient in compressing the artery is a sitting one. The operator should then stand behind the patient, use the thumb, and give the force a downward and inward direction. In this way the vessel can be firmly and evenly pressed upon the rib. If the force has any other direction, the vessel is liable to be pushed off from the rib rather than against it. While it is the outer border of the scalenus anticus muscle, which forms the surgical guide to this portion of the subclavian artery; yet it should be borne in mind that the outer border of this muscle and that of the sterno-mastoid nearly correspond with each other.

The transverse process of the seventh cervical vertebra can be felt, and its outline distinctly traced in the upper part of this fossa by deep and careful pressure.

Occasionally the posterior belly of the omo-hyoideus,

can be seen and traced in this fossa. This is especially the case in persons with very long and very thin necks. In such persons it can be seen as a narrow band or ribbon just above the clavicle, and running parallel with it. It rises with the inspiratory and falls with the expiratory movements of the chest. During the inspiratory effort, it can be seen that the process of cervical fascia, which binds the central tendon of the muscle down to the cartilage of the first rib is made tense. In such a person, in its action, it seems to co-operate with the sterno-mastoid and scaleni muscles, and like them, may be classed as an inspiratory muscle.

If the central tendon of this muscle represents a rudimentary cervical rib, as the transcendental anatomists claim, then the two bellies of this muscle may be looked upon as separate and distinct muscles. The posterior belly could be called a serration of the serratus magnus, and the anterior belly the costo-hyoid muscle.

*e. The Height of the Apex of the Lung in Neck.*—The apex of the lung projects upward into the root of the neck above the level of the clavicle from one to two inches. Its average height may be put down as one inch and a half. In persons of short, thick neck, it may not reach higher than half an inch above the clavicle, while in others, whose necks are long and thin, it will extend two inches above this point. To some this may appear high, but I am confident careful observation as to this fact will corroborate the statement.

The fact is, the apex of the lung extends higher into the root of the neck than is generally supposed. This I know from frequently putting the question, "How high does the apex of the lung project into the root of the neck?" The roof of the thoracic cavity is formed by the clavicular portion of the sterno-mastoid, sterno-hyoid and scalenus anticus muscles.

These cover the cervical portion of the lung, and are lined by the pleura. The apex of the lung is also crossed by the first portion of the subclavian vessels. This part of the lung is peculiarly liable to tubercular disease, and is usually the point first invaded. In the physical explora-



tion of the thorax, therefore, this locality should never be overlooked. Be sure to percuss the clavicle, as it will, to a great extent, reveal the condition of the cervical portion of the lung.

*f. Anterior Region of the Neck.*—In the central line of the neck, commencing below and passing upward, we have first, immediately above the sternum, the supra-sternal fossa. The old anatomists called this depression the “fonticulus gutturis.” It is bounded on each side by the sternal origins of the mastoid muscles. It rises and falls alternately with the respiratory movement of the chest. In distressed breathing this is very marked. In or near it, are usually found the roots of the large blood vessels, directly connected with the heart, as well as several important nerves.

*Trachea.*—In a person of medium height, with the head and neck held in a natural position, the trachea measures about one inch and a half. If the head be bent back and the neck put upon the stretch, its length is increased three-fourths of an inch, or more. This measurement will be a surprise to you, unless you have given the subject special study: for the distance between the cricoid cartilage and the upper part of the sternum is generally considered greater. The rings of the trachea, of which there are from six to eight above the sternum, cannot be made out by palpation. The isthmus of the thyroid gland covers the second, third and fourth. In children, the lobes of the thymus gland may extend so far up in front of the tube as to leave only a short distance between them and the isthmus. The arteria innominata which generally crosses the tube low down at the root of the neck, from left to right obliquely, may cross it unusually high up. The arteria thyroidea ima—a vessel of only occasional existence—passes from below upward on the front of the trachea. In its upper part the trachea is comparatively superficial, but as it descends it recedes more and more from the surface—has a direction downward and backward, so that between the two converging sterno-mastoid muscles it is deeply seated. In the supra-sternal fossa its anterior surface is quite an inch and a half from the skin.



It must be borne in mind that in children the lobes of the thymus gland may extend up in front of the trachea a considerable distance. The arteria innominata crosses the tube obliquely from left to right at the root of the neck, but its position is not constant, and it may cross unusually high up.

In the child the trachea is smaller, more deeply placed, and more movable than in the adult. In fat, or short-necked people, or in those whose necks are strongly marked by great muscular development, the trachea is more deeply seated than in the opposite conditions. Above the thyroid isthmus the trachea is crossed by a venous trunk between the two superior thyroid veins. The isthmus is crossed by a venous plexus. Tracheotomy is an operation performed with great ease on the cadaver in the dissecting room, but upon the living it is surrounded with difficulties other than those I have mentioned. In urgent dyspnœa the chin drops and the head is drawn down, thus you find your patient sitting. If you attempt to elevate the head, a paroxysm of dyspnœa is almost sure to come on, which threatens your patient with instant suffocation. The trachea and larynx are drawn up and down with great rapidity and force. The action of the depressor and elevator muscles may be so violent as to draw the cricoid cartilage down to within an inch above the sternum. The inferior thyroid veins which descend in front of the trachea, are sure to be distended. Thus the air tube, in addition to being covered by parts which must not be cut, is rendered still more inaccessible by disease. The best point to open the trachea, in my opinion, is just below the cricoid cartilage. More room may be obtained, if necessary, by pulling down the isthmus of the thyroid gland. In children, the cricoid cartilage may be divided with perfect safety. Remember, all incisions must be made strictly in the central line, as it is the only "line of safety."

*Cricoid Cartilage.*—This structure can always be felt, no matter how young or fat the patient, and it is the chief surgical surface mark in opening the air passages. Its position is opposite the interval between the fifth and sixth cervical vertebræ. The commencement of the œsophagus

lies behind it. As this is the narrowest part of the alimentary canal above the stomach, we would expect to find a body too large to be swallowed lodging at this point, and it could easily be felt externally.

*Thyroid Cartilage.*—The most prominent point of this cartilage is the pomum Adami—which varies in size in different individuals. Above this projection is the notch of the thyroid cartilage. It does not appear until puberty—throughout life is more marked in the male than female, and is separated from the thyroid bone by a large bursa which facilitates the play of the cartilage beneath the bone in deglutition. The upper border of the thyroid gland and its superior cornua can be easily traced with the finger—its lower cornua can be felt beside the cricoid cartilage. Below the pomum Adami and in the interval between the thyroid and cricoid cartilage, we feel the crico-thyroid membrane. This is the point of laryngotomy, and the membrane should be divided transversely close to the upper border of the cricoid cartilage, in order that the point of division may be as far away from the attachment of the vocal cords as possible.

*Os Hyoideus.*—Beneath the lower jaw and nearly on a line with it can be felt the body of this bone; its greater cornua can also be traced throughout their entire length. These long, slender processes can be easily broken by the grip of a garroter. Immediately below the body of this bone is an interval bounded below by the upper border of the thyroid cartilage. This interval corresponds in front to the thyro-hyoid ligament and the apex of the epiglottis. A suicide who divides his throat in this situation leaves nearly the whole of the epiglottis above the wound. Anterior triangle.

3. *Sterno Clavicular Joint.*—This articulation is of importance, because immediately behind it lie many important structures. Here we find the commencement of the vena innominata. Next in order from before backward, on the right side, is the division of the arteria innominata, and on the left side the common carotid. Behind these the apex of the lung rises into the neck. Sometimes in children the arteria innominata lies in

form of the trachea and divides a little higher up than at this point. Remember this, as it bears directly upon tracheotomy.

*Carotid Fossa.*—Here we find the carotid artery—at first deeply seated—but as it ascends it becomes comparatively superficial and its pulsations can be easily felt. If a horizontal line be drawn transversely across this fossa from the cricoid cartilage, it will pass over the vessel at the point where the omo-hyoid crosses it. The artery is most easily and conveniently tied above this point. To the inner side of the triangle we find the thyroid glands, the lateral lobes of which can easily be recognized. At the upper and front part of the gland, the pulsations of the superior thyroid artery can be distinctly felt.

The best differentiae between bronchocele and other tumors resembling it is this: in bronchocele this pulsation is marked, and the tumor rises and falls with the larynx in deglutition; while in other tumors there is no marked pulsation, nor have they any rhythmical movement with the larynx.

---

### *HOMŒOPATHIC COLLEGE DISPENSARY, ST. LOUIS, MO.*

---

#### *List of Cases treated in Surgical Department from October 1, 1878, to March 1, 1879.*

---

BY S. B. PARSONS, M. D., SURGEON.

---

Name of Disease.	No of Cases.	Name of Disease.	No. of Cases.
Abscess.....	15	Congenital Herpes.....	1
Alcoholismus.....	1	Chronic Rheumatic Ar-	
Anchylosis.....	7	thritis.....	7
Aneurism.....	4	Contusion.....	6
Balanitis.....	3	Condylomata.....	3
Bubo.....	11	Cleft Palate.....	4
Burn.....	5	Cystitis.....	3
Cancer.....	4	Dislocation.....	7
Caries.....	6	Dropsy of Knee Joint....	4
Carbuncle.....	4	Felon.....	7
Chancre.....	8	Fistula.....	3
Chancroid.....	16	Fracture.....	19

Name of Disease.	No. of Cases.	Name of Disease.	No. of Cases.
Frost Bite.....	13	Poisoned Wound.....	6
Furunculus.....	4	Polypus.....	4
Gangrene.....	7	Ptyalism.....	1
Glandular Enlargement..	4	Rachitis..	1
Gleet.....	3	Retained Testicle.....	1
Gonorrhœa.....	22	Sarcocele.....	2
Hæmorrhoids.....	3	Sinus.....	5
Hare-Lip.....	2	Sprain.....	15
Hernia.....	8	Stone in Bladder.....	4
Hydrocele.....	6	Stricture.....	5
Hyper-distension of Abdo-		Synovitis.....	7
men.....	1	Syphilis (Secondary)....	21
Ingrown Toe Nail.....	7	Syphilis, Tertiary.....	17
Injury.....	11	Talipes.....	5
Mammitis.....	3	Tongue-tie.....	3
Morbus Coxarius.....	2	Tumor.....	11
Necrosis.....	6	Ulcer.....	27
Onyxitis.....	5	Varicocele.....	4
Orchitis.....	3	Wounds.....	15
Phymosis.....	4		

## **Books Reviewed.**

### **ELECTRO THERAPEUTICS AND ELECTRO-SURGERY BY JOHN BUTLER, M. D.**

A careful review of this work shows it to be a thoroughly practical book on the subject of which it treats. The Old School works on electricity generalize so much, and individualize so little, that the general practitioner can seldom use this agent intelligently. Dr. Butler has, however, made many things clear pertaining to electricity that have heretofore been very imperfectly understood. His treatment of nervous affections—neuralgia, spinal diseases, the local paralysis, etc.—is thoroughly sound and practical, and to be heartily commended. The treatment by electro-puncture is especially good, and the reports of cases given prove the efficacy of this mode of treatment. The entire subject is well handled, and there is a consistency and fairness throughout the work that is praiseworthy. Dr. Butler tells what he knows of his

subject, but is not ashamed to acknowledge that there are other people in the world who know something of it also, and he honestly gives their names and the names of the books which they have written.

ST. LOUIS, MO.

J. MARTINE KERSHAW.

LECTURES ON MATERIA MEDICA BY CARROLL DUNHAM, M. D.—Two Vols.; printed by Francis Hart & Co., 63 Murray Street, New York, 1878.

Agitated by mingled sensations of curiosity, esteem and awe, commensurate with the reputation, noble mind and recent decease of a *man* whose whole life enables us with honor to ourselves to call a master, we opened this work, and the study of its pages has but rendered “assurance doubly sure” of his power as a thinker to draw truths from crevices, where but for him they might have lain interminable periods of time: and again, of his genius that enabled him to give to the world the products of his indefatigable researches, thus fulfilling his great and pure desire to do good to all mankind.

The Lectures are divided into two volumes of equal size, handsomely bound, being gotten up in a style that does great credit to the taste of all parties concerned. The printing especially calling for commendation, and giving cause for emulation to many authors, in whom perhaps, we might find more pleasure, were it not that their eye-tiring blurred pages show the proprietors to be lacking in direction and below the standard of modern requirements.

VOLUME I.—This is rendered more valuable by possessing a finely executed steel engraving of Carrol Dunham, whose striking features, noble forehead, kindly and thoughtful expression of eye, were well caught by the artist. Immediately following is a memoir by Dr. E. M. Kellogg, a proper tribute paid by a loving friend to one who, he and all the world knows, deserved all the honors that could be heaped upon him.

CHAPTER I.—MATERIA MEDICA AND THERAPEUTICS.—He considers here the subject disease in the light of a certain piece of work to be accomplished, the drugs as the tools, and the physician as the artisan, and he pre-

sents as problems, which he afterwards solves, when are the tools to be used? What tools to select for each piece of work? And when selected, how to use these tools? And all this to be preceded by a thorough knowledge of the tools, the origin, nature, powers and capabilities of each. He goes on to show how many different kinds of tools are employed towards the same object, and why it is that by experiment so little has been proven to the satisfaction of participants. He then explains some differences in conclusions drawn by the physiological or expectant, hydropathic and homœopathic schools, thence referring to the diagnosis and prognosis, and to the avail of chemistry, surgery, physiology, theory and practice; showing conclusively how their fields are bounded, while *materia medica* alone can reach out and save when past those bounds. Farther on he gives the difference between a cure by nature and one by interference, proving that the expectant method is unsound. A case is given in surgery of natural amputation and another by surgical interference, evidencing clearly the imperfection of nature's proceeding when operating upon her choicest treasures. This chapter is concluded with definitions of drugs, *materia medica* and therapeutics, with explanatory deductions. The object of the whole chapter is to show when to use drugs, their properties, and how to use them.

CHAPTER II.—In this we are taught the means of ascertaining the properties of drugs, and it is explained why and how it is impossible to get any true and positive information as to their properties except by proving them upon the healthy body.

By means then of the law of “*Similia Similibus Curantur*” we have, in the study of *materia medica*, always in store a means of conquering disease, even perhaps before such disease may be extant, and are able, by following an immutable law to proceed calmly, fearlessly to work, expecting that which is *possible* to be effected.

CHAPTER III.—THERAPEUTIC LAW — “*SIMILIA SIMILIBUS CURANTUR.*” — “The law is empirical, not founded on theories or hypotheses, has its analogue in the law of

gravitation, and in chemical affinity." In this relation we have to take into consideration only, 1st, "The symptoms of patients; 2d, the symptoms of healthy persons who have taken drugs for the purpose of ascertaining their effect." These studies are separate, and are only to be joined when they are to subserve the object of curing. "We are to take care that no hypothesis respecting the nature and ultimate cause of the symptoms which we observe in the sick be allowed to come in and modify or prevent our pure observation." That the symptoms are to be observed in a positive and empirical manner, the senses of the observer being assisted by any implements or processes, such as stethoscope, microscope, chemical analysis, etc., etc. Symptoms may be objective, subjective, and historical, or together or separate.

He maintains that the aggregate of the symptoms does, strictly holding to the therapeutic law, constitute the disease, and proves that this does not mean that the symptoms are really the disease, and that there is no danger of confounding diseases by the similarity of the symptoms. He goes on to prove that physiology, pathology, or any auxiliary medical science is not thrown aside; but in following the above stated therapeutic law, are brought in to the utmost extent, as auxiliary and subsidiary merely, yet bearing upon the symptoms, and subservient to the great "practical end and aim of medicine—the application of drugs to the cure of the sick."

While admitting that the presenting symptoms do not constitute the *essence* of disease, he shows that, as we can recognize disease only through its symptoms—when we cause the "permanent cessation and disappearance" of these symptoms, we do away with the disease. His manner of reasoning is so succinct, so profound, so logical, and withal so graceful, that it cannot help but please, even an opponent, whilst compelling him to believe.

CHAPTER IV.—MATERIA MEDICA—A RECORD OF ACTUAL OCCURRENCES.—"It is a truth, and can never grow obsolete. It cannot be superseded, and is an ever-enduring work."

REMEDIES.—Here is shown especially the peculiar pow-



ers of the author—to distinguish the true from the indefinite, the necessary from the superfluous. All is clear, analytical, forcible, striking, and easy to be remembered. The key to successful discrimination is given to the student, and the bewilderment of the immensity of minuteness heretofore required, gives way before the acuteness of a mind, at once philosophical and practical. He gives the history, the analysis, the clear indications of the remedies and adds comparative deductions which are of the greatest moment to practical men

VOL. II. CHAPTER I.—Here we find treated upon, 1st, The Principles of Homœopathy—Principles vs. practical knowledge.

“The science of Homœopathy is the science of Therapeutics; *i. e.*, how to cure with drugs; but there are other things which the Dr. of medicine must know, viz.: Mechanical procedure, as in the case of the surgeon or obstetrician. Homœopathy has nothing to do with the mechanical part of science. This is the same in every system of medicine.” It is only where symptoms requiring drug treatment are present, that it is called in; not to replace the fractured bone, but to prevent the fever, supuration, etc., or to cure them: but there might still be said in this connection, that homœopathy reaches with such long arms—that it grasps conditions not even understood by her would-be rival systems—and prevents, or cures, where their defective practice would have rendered mechanical means the only assistance giving any hope.

CHAPTER II.—SYMPTOMS, THEIR STUDY, OR HOW TO TAKE THE CASE.—He, under this head, explains what is meant by symptoms, how to take them, and how the totality of the symptoms are to afford the correct guide to the selection of a remedy in comparing them with the aggregate of symptoms produced by a certain drug acting upon a healthy organism.

CHAPTER III.—THE ANAMNESIS.—Brief, but very important are the deductions contained in this chapter. In it we are reminded that in many cases the previous history of the case must be considered, especially in chronic diseases following acute attacks, and presenting perhaps,



no characteristic symptoms in themselves; also in constitutional diseases the history of the case is often of vital importance. Symptoms exhibited in the acute forms of disease which were afterwards followed by a chronic condition, with merely a passive symptomatic indication, are often relieved by giving remedies for the symptoms brought out during the acute attack preceding the chronic affair.

The art and mode of prescribing, and a few remarks upon "Homœopathic pharmacy and Posology," which are like every other instruction, valuable.

"Pathognomonic Symptoms and Characteristic Symptoms."

Herein is shown both theoretically and practically the superiority of the characteristic over the pathognomonic in the successful treatment of a disease, and renders evident the fallacy of giving pre-eminence to pathology. In the treatment he exhibits, that whereas the pathognomonic symptoms may be similar in many cases; in order to cure, different remedies must be used in each separate case; the characteristic symptoms being the true guide and differential arbitrator to a successful issue.

Without going further into the details of this work—the real worth of which it is only possible to properly appreciate after a careful study of its rich contents—I would only add, that I must consider it a necessity to the physician, and to the student the most suitable, the most admirable book he could procure.

ADOLPHE UHLEMAYER.

St. Louis, Mo.

---

## **Books and Pamphlets Received.**

---

A System of Surgery. By William Tod Helmuth, M. D. New York. Third edition. Revised and corrected. Illustrated with 568 cuts on wood. Boericke & Tafel, New York and Philadelphia. To be reviewed in April, by E. C. F.

El Criterio. New York. (A Scientific Supplement.)

Malt Liquors—Their Influence on Digestion and Nutrition. By J. J. Coleman, F. I. C., F. C. S. From Tarrant & Co., New York.

**Headaches—and their Concomitant Symptoms, with a complete and concise Repertory—Analysis.** By Jno. C. King, M. D., Circleville, Ohio. W. A. Chatterton & Co., Publishers, Chicago, Ill.

**Homœopathic Expositor—a Homœopathic Quarterly.** Edited by Edward C. Morgan, M. D., Ithaca, N. Y.

**Valedictory Address to the Graduating Class of the Hahnemann Medical College and Hospital, of Chicago, Ill.** By T. S. Hoyne, M. A., M. D., Prof. Mat. Med. and Therapeutics, etc.

**Lectures, Clinical and Didactic, on the Diseases of Women.** By R. Ludlam, M. D., Prof. of the Medical and Surgical Diseases of Women in the Hahnemann Med. College and Hospital, of Chicago, Ill. Duncan Brothers, Publishers, Chicago, Ill.

**First Annual Report of the Board of Directors of the American Homœopathic Publishing Society to the Stockholders.** Philadelphia.

This contains the names of the board of directors and its officers; the publication committee; the finance committee; a letter from Dr. C. Hering; a report from the treasurer, Dr. Thomas Moore, and the charter and by-laws of the society. The society has made a good start, and we wish them well.

**Charcot's Localization of the Diseases of the Brain.** Lectures delivered at the Faculte de Medecine. Paris, 1875. Edited by Bourneville. Translated by Edward P. Fowler, M. D., New York. William Wood & Co., 27 Great Jones street, New York.

**Charcot on Bright's Disease.** Being Lectures delivered as above, Edited by Drs. Bourneville and Sevestre, and translated by Henry B. Millard, M. D., A. M. William Wood & Co., 27 Great Jones street, New York.

These are the first volumes we have received from the publishers of their *one dollar series*. We are charmed with their appearance and recommend them heartily to our Homœopathic School. They are full of valuable plates—some of which are beautifully colored, showing the different conditions of Bright's Disease.

**Special Report of the Homœopathic Yellow Fever Commission,** ordered by the American Institute of Homœopathy, for presentation to Congress.

This report is very able, scientific and satisfactory. It has been presented to Congress, the lower house—and referred to the Yellow Fever Committee—but Congress adjourned without taking any action on it. *Nous verrons, que nous verrons!*

---

## **Editor's Brainer.**

---

**THE PLAGUE MASTERED.**—St. Petersburg, March 8th—Gen. Melnikoff reports the plague now mastered. Of a population of 118,000 in the infected districts of Astrachan, 5,000 died between October and February.

The closing exercises of the Homœopathic Medical Department of the Iowa University took place February 27th. Out of a class of 32, three were graduated: Sheldon F. Davis, Iowa; R. C. Newell, Illinois, valedictorian; Jas. F. Thompson, Iowa. The annual address was delivered by Prof. Cowperthwaite, on the subject, "The Doctrines of Hahnemann." The Faculty held a reception for the students at Prof. Cowperthwaite's residence in the evening.

INDIANAPOLIS, Feb. 24th, 1879.

The Inter-Collegiate Conference and the Indiana Institute of Homœopathy will meet at Indianapolis this year, May 6th and 7th.

Faternally, MOSES T. RUNNELS.

BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS; in the American Institute of Homœopathy. Special Subject to be Reported upon and Discussed at the next meeting: Drug Attenuation in Homœopathic Therapeutics.

1. History of drug attenuation in homœopathic practice, up to the death of Hahnemann, with a statement of its objects and methods.

2. History of drug attenuation in homœopathic practice, since the time of Hahnemann, with a statement of its objects and methods, with especial reference to variations from those approved by Hahnemann.

3. The means employed in drug attenuation—what they should be, and the dangers of impurity.

4. The limits of drug attenuation, or proofs of drug presence in attenuations above the third decimal—from the stand-point of the Scientist.

5. The limits of drug attenuation, or proofs of the presence of medicinal power in attenuations above the sixth decimal; from the stand-point of the Therapist.

Items of information, bearing upon any part of the subject selected by the bureau, sent by members of the profession, will be thankfully received and properly considered. J. P. DAKE, M. D., Chairman.

NASHVILLE, TENN.

THE joint meeting of the Western Academy of Homœopathy with the Missouri Institute of Homœopathy will meet in St. Louis on the 7th, 8th and 9th of May. Hotel accommodations (first-class) for all doctors in attendance, secured at the Laclede Hotel, corner Sixth and Chestnut Streets, at \$2 a day. Street cars from the Union Depot run within one block of the hotel. Railroad fares reduced on all the roads except in Missouri, where it is three cents a mile each way by law. All our friends are invited, and we are prepared to take good care of all who come. This will be a good time to visit St. Louis, and verify the truth of all the good things we have said about our beautiful city. A grand reception will be given on Thursday evening at St. George's Hall. If you haven't any papers prepared, come prepared to debate, which is altogether the best part of a medical meeting and ought to be more encouraged.

DR. W. C. RICHARDSON, having removed to his new office, takes pleasure in announcing to his friends and patrons that he will be pleased to see them at No. 615 Locust Street, St. Louis, Mo.

TO OUR READERS:—This number of the ST. LOUIS CLINICAL REVIEW begins the second volume, and starts out under the brightest auspices that ever smiled on a successful literary enterprise. We ask of you the continuance of your contributions, and monied support, as subscribers, and you shall see that St. Louis is the city of the future in the homœopathic school of medicine. We can't afford to send the REVIEW to any doctor who can't afford to pay for it, and would greatly respect such a one who writes and frankly says so. Prompt payment makes us friends. Delayed payment causes unpleasant feelings.

**THE FIRST DEATH FROM THE PATENT PILE BUSINESS.**—One Dr. Thompson, a pile persuader from Newport, Ky., operated upon Mr. Peckover, of Cincinnati, by injecting three or four tumors with "his own peculiar fluid." In a short time Mr. Peckover took a chill and died on the fifth day, of phlegmonous erysipelas of the perineum scrotum, right testicle and right thigh.

**THE ANNUAL ALUMNI MEETING AND BANQUET** took place the same night at the Windsor Flats, on Washington Avenue, after the close of the College Commencement exercises. Many of the new graduates joined the association, and the banquet itself was truly an elegant affair, and the toasts and responses thereto were kept up to a late hour. "Our *Alma Mater*" was responded to by Dr. A. S. Everett; "Homœopathy in the West," by Dr. W. A. Edmonds; "Our Student Days," by Dr. J. A. Campbell; "The Class of 1879," by Dr. E. R. Wingate, the gold medal man, and "Woman in Medicine," by Miss E. E. Curtis, M. D., of St. Louis. Thus closed a successful session at the old college, of which she may be justly proud.

**HOMŒOPATHIC COLLEGE COMMENCEMENT** took place on the evening of the 27th of February, in presence of a large audience at the College Hall, Tenth and Carr Streets. There were eighteen graduates, three of whom were ladies. The prizes were presented by Prof. I. D. Foulon, in some very happy and humorous remarks. The Eckel gold medal for the best in materia medica was awarded to E. R. Wingate, of St. Louis. The Valentine silver medal for the best in practice was carried off by Lawrence E. Whitney, of Lincoln, Mo. The same gentleman also won the second prize in materia medica, which was Dunham's Lectures on Materia Medica (2 vols.). The Kershaw silver medal was awarded to H. M. Byers, of St. Louis, for the best examination in spinal diseases. Prof. Richardson's prize—a pair of Comstock's obstetrical forceps—was awarded with great applause to Mrs. M. B. Pearman, of St. Louis. Prof. J. Martine Kershaw delivered the valedictory address to the students, which appears in our columns in full, and is good reading matter. The class-valedictory was delivered by Lawrence E. Whitney, of Lincoln, Mo., who acquitted himself handsomely and left a good impression.

---

#### BUREAUS FOR THE JOINT CONVENTION.

---

**BUREAU OF SURGERY—*Western Academy.***—G. A. Hall, M. D., Chairman, Chicago, Ill.; S. R. Beckwith, M. D., Cincinnati, O.; E. O. Franklin, M. D., Ann Arbor, Mich.; S. B. Parsons, M. D., St. Louis, Mo.; E. A. Murphy, M. D., New Orleans, La.; A. H. Potter, M. D., Maquon, Ill.; J. J. Lobaugh, M. D., Elmwood, Ill.; P. B. Sparks, M. D., Decatur, Ill.; A. C. Jones, M. D., Connersville, Ind.; G. N. Seidlitz, M. D., Keokuk, Iowa.

***Missouri Institute.***—W. D. Foster, M. D., Chairman, Hannibal, Mo.; S. B. Parsons, M. D., St. Louis, Mo.; E. O. Franklin, M. D., Ann Arbor, Mich.

**BUREAU OF OPHTHALMOLOGY AND OROLOGY—*Western Academy.***—T. P. Wilson, M. D., Chairman, Cincinnati, Ohio; O. H. Vilas, M. D., Chicago, Ill.; J. A. Campbell, M. D., St. Louis, Mo.; W. H. Woodyatt, M. D., Chicago, Ill.

***Missouri Institute.***—James A. Campbell, M. D., Chairman, St. Louis, Mo.; Wm. H. Jenney, M. D., Kansas City, Mo.; R. Wilson Carr, M. D., Sedalia, Mo.

**BUREAU OF PSYCHOLOGICAL MEDICINE, ANATOMY AND PHYSIOLOGY—***Western Academy.*—N. A. Pennoyer, M. D., Chairman, Kenosha, Wis.; J. Martine Kershaw, M. D., St. Louis, Mo.; E. Parsons, M. D., Kewanee, Ill.; H. B. Fellows, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Iowa City, Iowa; J. D. Buck, M. D., Cincinnati, Ohio; G. W. Bowen, M. D., Ft. Wayne, Ind.

**BUREAU OF OBSTETRICS—***Western Academy.*—J. T. Boyd, M. D., Chairman, Indianapolis, Ind.; G. H. Blair, M. D., Fairfield, Iowa; Mrs. M. A. Porter, M. D., Davenport, Iowa; M. J. Chase, M. D., Galesburg, Ill.; T. O. Bradford, M. D., Cincinnati, Ohio; G. S. Walker, M. D., St. Louis, Mo.; W. H. Hunt, M. D., Covington, Ky.; R. H. McFarland, M. D., Orlando, Fla.; J. B. Brooks, M. D., Hot Springs, Ark.

*Missouri Institute.*—D. D. Miles, M. D., Chairman, Boonville, Mo.; W. L. Hedges, M. D., Warrensburg, Mo.; W. C. Richardson, M. D., St. Louis, Mo.

**BUREAU OF GYNÆCOLOGY.**—*Western Academy.*—M. M. Eaton, M. D., Chairman, Cincinnati, Ohio; O. S. Runnels, M. D., Indianapolis, Ind.; W. C. Richardson, M. D., St. Louis, Mo.; E. M. Hale, M. D., Chicago, Ill.; J. R. Pollock, M. D., Galesburg, Ill.

**BUREAU OF PÆDOLOGY.**—*Western Academy.*—A. McNeil, M. D., Chairman, New Albany, Ind.; T. C. Duncan, M. D., Chicago, Ill.; G. S. Schuricht, M. D., Effingham, Ill.; J. R. Haynes, M. D., Indianapolis, Ind.; W. A. Edmunds, M. D., St. Louis, Mo.; G. B. Sarchet, M. D., Charleston, Ill.; J. C. Sanders, M. D., Cleveland, Ohio.

**BUREAU OF CLINICAL MEDICINE.**—*Western Academy.*—U. W. Hartshorn, M. D., Chairman, Cincinnati, Ohio; W. H. Blakely, M. D., Bowling Green, Ky.; W. R. Elder, M. D., Terre Haute, Ind.; Wm. M. Hunt, M. D., Covington, Ky.; Philo. G. Valentine, M. D., St. Louis, Mo.; J. H. Mosely, M. D., Olathe, Kan.; J. C. French, M. D., Greensburg, Ind.; R. C. Runner, M. D., Chillicothe, Mo.; C. A. Quirell, M. D., Cincinnati, Ohio; W. L. Breyfogle, M. D., Louisville, Ky.; M. Ayres, M. D., Rushville, Ill.

*Missouri Institute.*—C. J. Burger, M. D., Chairman, Boonville, Mo.; P. Baker, M. D., Kansas City, Mo.; Philo. G. Valentine, M. D., St. Louis, Mo.; J. Martine Kershaw, M. D., St. Louis, Mo.

**BUREAU OF MATERIA MEDICA.**—*Western Academy.*—T. Bacmeister, M. D., Chairman, Toulon, Ill.; A. Uhlemeyer, M. D., St. Louis, Mo.; A. W. Woodward, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Iowa City, Iowa; L. Hubbard, M. D., Atchison, Kan.; F. Duncan, M. D., Osage, Iowa; W. Eggert, M. D., Indianapolis, Ind.

*Missouri Institute.*—D. T. Abell, M. D., Chairman, Sedalia, Mo.; W. John Harris, M. D., St. Louis, Mo.; John Hausam, M. D., Smithton, Mo.; L. E. Whitney, M. D., Lincoln, Mo.

**BUREAU OF PHARMACY.**—*Western Academy.*—T. D. Williams, M. D., Chairman, Chicago, Ill.; J. P. Geppert, M. D., Cincinnati, Ohio; W. John Harris, M. D., St. Louis, Mo.; W. T. Virgen, M. D., Burlington, Iowa; F. B. Hermann, M. D., St. Paul, Ill.

**BUREAU OF STATISTICS, REGISTRATION, LEGISLATION, AND EDUCATION.**—*Western Academy.*—Philo G. Valentine, M. D., Chairman, St. Louis, Mo.; Mortimer Ayres, M. D., Rushville, Ill.; J. Martine Kershaw, M. D., St. Louis, Mo.; J. D. Buck, M. D., Cincinnati, Ohio; W. R. Elder, M. D., Terre Haute, Ind.; R. L. Hill, M. D., Dubuque, Iowa; E. A. Murphy, M. D., New Orleans, La.; L. D. Morse, M. D., Memphis, Tenn.; N. V. Wright, M. D., Ocmulgee, Indian Territory; John H. Moseley, M. D., Olathe, Kan.

*Missouri Institute.*—E. C. Franklin, M. D., Chairman, Ann Arbor, Mich.; Jas. A. Campbell, M. D., St. Louis, Mo.; C. J. Burger, M. D., Boonville, Mo.

**BUREAU OF SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE.**—*Western Academy.*—G. W. Foote, M. D., Chairman, Galesburg, Ill.; W. L. Breyfogle, M. D., Louisville, Ky.; J. S. Bell, M. D., Cedar Falls, Iowa; J. D. Buck, M. D., Cincinnati, Ohio; E. A. Griveaud, M. D., St. Louis, Mo.; W. C. F. Hempstead, M. D., Oakland, Cal.; E. A. Higbee, M. D., Red Wing, Minn.

*Missouri Institute.*—W. L. Hedges, M. D., Chairman, Warrensburg, Mo.; Wm. Collisson, M. D., St. Louis, Mo.; W. G. Hall, M. D., St. Joseph, Mo.

**BUREAU OF PROVINGS.**—*Western Academy.*—L. D. Morse, M. D., Chairman, Memphis, Tenn.; D. T. Abell, M. D., Sedalia, Mo.; M. S. Carr, M. D., Galesburg, Ill.; Wm. Curran, M. D., St. Louis, Mo.; N. J. Du Puy, M. D., Parma, Mich.; E. B. Holt, M. D., Marshalltown, Iowa; J. Harts. Miller, M. D., Abingdon, Ill.; H. L. Sook, M. D., Newark, Ohio; H. P. De Vol, M. D., Tonica, Ill.; T. J. Williamson, M. D., Cincinnati, Ohio.

**NECROLOGICAL COMMITTEES.**—*Western Academy.*—C. H. Vilas, M. D., Chicago, Ill.

*Missouri Institute.*—Philo G. Valentine, M. D., Chairman, St. Louis, Mo.; I. P. Randall, M. D., Holden, Mo.; S. B. Parsons, M. D., St. Louis, Mo.

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., APRIL 15, 1879.

NUMBER 2.

---

## *THE YELLOW FEVER—SHALL WE HAVE IT THE COMING SUMMER?*

---

BY J. P. DAKE, M. D.

---

The newspapers have been full of sensational rumors regarding cases of yellow fever in New Orleans and Memphis and other places, during the winter, and gloomy prognostications have appeared, looking to the approaching summer. There often appears much smoke from little fire. In this case there has been a large amount of imaginary smoke and no fire at all.

There were lingering cases of fever in New Orleans till late in the season, owing to the warm weather; but only one in Memphis later than December first, and that was begun in Mississippi. In such malarial districts there are always cases of fever along through the winter, and all the year for that matter, of an irregular and nondescript character. Some such, especially in nervous persons, strongly impressed with a fear of yellow fever, might be taken for cases of that disease.

In regard to the coming summer there has been much speculation and no small amount of fear, in view of the great prevalence of the scourge and the imperfect burials last summer, and the lifting and transportation of so many bodies during the last two months.\* It has been said that the disease never prevails two seasons in succession, and that all fears are therefore groundless.

Medical men, at all posted in the history of yellow fever, need not be told that such a saying is false.

\*This paper was written in March.

It has prevailed in New Orleans two, and even three seasons in succession (previous to the year 1850), though not severely each time. For example, it prevailed severely in 1841, mildly in 1842, severely in 1843 and very mildly in 1844.

There was a violent epidemic in 1847, and a mild one in 1848 and a still milder one in 1849.

The most violent epidemic occurred in 1853, and yet few, if any real cases occurred in 1854.

1. Of one fact there is no room for doubt—that *the seeds of the disease were widely and deeply planted during the past season, in numerous places.* The fumigation and renovation of houses, coaches, steamboats, and of bedding and clothes, and the prevalence of frost, may have destroyed them so far as reached; but the bodies of the dead and their clothing and caskets, in tombs at New Orleans, or in the earth at other points, have afforded effectual repositories for their preservation.

2. Of another fact then I see no room for doubt—that *the seeds of the disease are present, and will continue indefinitely, in New Orleans and other places in our country.*

If the appearance of yellow fever depends, as we verily believe, upon the presence of certain specific seeds or germs, how absurd the idea that the disease is always imported from abroad, and how wild the notion that a quarantine upon our coasts, is, or may be an effectual preventive of its ravages in the United States.

Such a view may suit the wishes of a lot of army and navy surgeons, who strive for fat places for themselves and their friends, but it cannot be accepted by those who have watched the habits and times and places of yellow fever.

The fact is painfully apparent, that the dreaded disease may rise up, during any favorable summer in New Orleans, and perhaps in other crowded places having like conditions, without the arrival of a single vessel from foreign ports.

This view of the subject might be calculated to occasion much alarm.



3. But there is another important fact, which is well established, and which inspires hope—that *however many seeds exist in New Orleans or elsewhere, they will be entirely harmless, without a tropical summer.*

By a tropical summer I mean, a high degree of heat, after a mild winter and a wet spring, accompanied by dry weather and no storms. Such a summer, in a crowded city supplying the usual amount of organic, especially animal debris, has a heated, still atmosphere, supplied with moisture from the ground and gutters and sewers, and loaded with undestroyed and noxious vapors. Such an atmosphere is especially *lacking in ozone*, or such an excess of oxygen as nature demands for the destruction of organic impurities. In such an atmosphere, heated to a high degree, moistened from below, and loaded with organic matters, especially animal, the yellow fever seeds germinate (sporulate) and so multiply and become operative.

And ozone occurs in nature, only by storms, winds, rains, lightning, and whatever puts the atmosphere in active and sudden motion.

Whether, in our Southern country, we are to have yellow fever in 1879, or any subsequent year, supposing the seeds to be present, depends upon the coming of a *tropical summer*, such as I have just described.

No amount of quarantine on the coast will prevent it; nor any degree of cleanliness by scraping, or scrubbing or washing. Carbolic acid and coal-tar and lime, however thickly spread, will not delay its coming nor lessen its severity for a single hour.

The probabilities of such a summer are not strong, but rather weak.

To begin with, the winter has not been mild, but unusually severe, and the spring, thus far is not very wet.

Even should the summer be dry and very hot, the character of the preceding winter may prove a sufficient safeguard. It is not often that we get two such summers as the last, in succession. All things considered, our chances are very fair to escape an epidemic of yellow fever even should there be an occasional case here and there.



*DIPHTHERIA VERSUS COLD.*

*Presented to the Western Academy of Homœopathy, at Cincinnati, Ohio, May 15, 1878.*

---

BY DR. W. A. PHILLIPS, OF CLEVELAND, OHIO.

---

There has been a great deal said upon the subject of diphtheria, and very much difference is exhibited as to the cause of the disease, and the mode of treatment.

I think all will agree, however, that in the several forms in which it very frequently presents itself, medical aid is of but little avail. Now, whether it is a constitutional disease or not, may be, and is, a disputed point among the best authorities.

This, however, does not concern what I shall say upon this subject.

In the Fall of 1876, the city of Cleveland was visited with an epidemic of diphtheria which prevailed more particularly on the West Side.

My experience with over two hundred and fifty cases during that epidemic, resulted in the following treatment:

That the first thing to be done was to induce a *profuse perspiration*, no matter how the throat looked, unless the disease had passed into the third and last stage, when of course it would be impossible, and altogether impracticable. I remember one family of four children taken down together from the effects of a cold, and the sweating process thoroughly tried. The oldest, a little girl of nine, and the two youngest, aged about four and two, were successful; but with the girl about seven, it was a complete failure; and hence the disease progressed from bad to worse, until she died, on the seventh day. The other three made a rapid recovery.

When the throats were examined, I had no more uneasiness concerning the second child than of the other three, and had there not been a failure in producing a perspiration, she too would have recovered; and I am as positive in the case of the eldest, had there been a failure to cause

a perspiration, she too, would have yielded to the disease.

Family No. 2, consisting of two children, a girl of twelve and a boy of eight, returned from school thoroughly chilled, and had a fever and sore throat during the night. An Allopathic physician passing the next morning, was called in, and pronounced them "well-marked cases of diphtheria." The mother procured the medicine prescribed, but could not give a drop, as something said to her, "You must not give a drop of it."

The mother being thus impressed, I saw the children at one o'clock the same day: found the throats covered with a smooth membrane, fever, etc., and as is my custom now invariably, instructed the mother how to proceed in order to break up the disease, or frustrate the development of the disease further, by opening the pores of the skin and breaking up the cold, which was done effectually, and the children made a rapid recovery.

I could give numerous instances of success and failure, illustrating the *sweating process*, but the above will suffice, and as a rule in every case, when a *thorough perspiration* was induced, recovery followed, and *vice versa*.

Therefore, according to my experience during that epidemic and since, *cold* is the exciting cause of diphtheria, and if the patient is treated accordingly, very many cases can be cured which might otherwise prove fatal.

During the warm weather the clothing of children was made comfortable for that time of year, but when the clear and chilly days and cold nights of Autumn return, there is not, in most cases, a corresponding change in the clothing from the thin wrappings of summer to the warm underwear necessary in the fall that there should be. Add to this the long delay of some in heating up their homes by the return of stoves long since removed, and as a consequence, permitting the dampness and mould, often found therein to remain, and also allowing children coming in from the street chilly, or thoroughly warmed from violent exercise, to sit for hours in such cold rooms. But few children escape a cold under such circumstances, and when the throat becomes inflamed, bacteria finding a

fruitful soil in which to propagate in the inflamed mucous membrane multiply rapidly, and soon white patches are seen on the tonsils, until the whole throat is covered with a tough grayish membrane, and secondary or constitutional symptoms appear, affecting the nerve centers, and poisoning the blood.

**TREATMENT.**—For an ordinary cold, I always give acornite; but for producing a perspiration in fevers and diphtheria, I use Gelseminum first, and continue its use more or less, according to circumstances, for a day or two. Put a drachm in half a glass of water for an adult, and half a drachm in the same amount of water for a child. Give a teaspoonful every half hour for two hours, when a bath may be given, as follows:

A common wash-tub will answer the purpose for children, with a sufficient amount of warm water to cover the hips and legs. Strip the child of all clothing, set him into the water, putting a woolen sheet around the neck and over the tub, from time to time adding hot water, letting the patient remain fifteen or thirty minutes, according to circumstances. Have the bed ready, into which place the child, after wrapping him up in a warm cotton sheet, without waiting to dry with a towel. Pin him up as tightly as you can without annoyance, and leave him for an hour at least, and perhaps for several, if the severity of the case demands it. A hot brick can be placed in the bath when more steam seems advisable, and one can be put to the feet after being put to bed.

Should you not be satisfied with the efficacy of the bath, a wet sheet may be used instead of a dry one, on going to bed. When the perspiration has continued sufficiently long, give a sponge bath of warm water, into which may, or may not, be put a little alcohol, rubbing with towel and hand until thoroughly dry.

I think local applications should be used from the very first when the diphtheretic parasites are in their first development, and perhaps sulphur is among the best drugs for this purpose, as it can be blown dry into the throat with little annoyance to children, and occasionally a little can be burned to fumigate the house.

*IS CRIME A DISEASE?*

---

*A paper read before the "College Club," by I. D. Foulon, A. M., LL.B., Professor of Medical Jurisprudence in the Hom. Med. Col. of Mo.*

---

In the September number of the ST. LOUIS CLINICAL REVIEW, there appeared an article entitled *Crime—the effect of a Diseased Condition*—which attempted to show that crime has its origin “in a defect in cerebation,” which can be remedied by the proper administration of certain drugs, such as “*Belladonna, Melilotus and Cuprum acet.*” We had expected that some member of the medical profession would combat the erroneous ideas advanced in that article; but we have expected and waited in vain. This silence may be explained by the fact that, from a purely medical standpoint, those ideas though false, are harmless; but from a legal or medico-legal standpoint, they are not only mistaken, they are positively dangerous. This fact the medical profession should understand, and hence it is, that the love of truth being our motive, and the silence of others our excuse for speaking, we at this late day, take up the discussion.

The utter lack of logical coherence in the article itself, and its labored and obscure style, make it almost as unanswerable as the reasoning of a Tom o’ Bedlam, and we shall not attempt in this paper, to reply to the strange arguments it contains, so much as to refute the idea, by whomever entertained and however expressed, that crime is disease, or the result of disease.

At the very threshold of this discussion, we are met by a misleading vagueness in the use of the word *crime*. Strictly speaking, crime is the violation of law by free moral agents. The wild beast is not guilty of a crime when it devours the unwary traveler, nor is the man who while under the influence of insanity, *i. e.*, disease, kills, burns or robs, a criminal either in law or in fact. There is no retreating from the position that those who say that crime is a disease, say in effect, that crime is not crime.

Not to be captious however, we will, for the purposes of this paper, take the word in its popular acceptation as meaning any great violation of social law.

If crime be the result of disease, it is purely physical in its origin, and the criminal should be pitied rather than hated, doctored rather than punished; right and wrong are figments of the imagination, and all systems of social life and government that have ever existed, have been and are erroneous in every particular. We need no longer prisons, but hospitals; no longer courts, but dispensaries; no longer laws, but pellets. The child at home is to have a right moral character established, not by precepts and examples of virtue, nor by the kind but firm rule of its parents, but by the administration of *Melilotus* 200x, *Belladonna* 5000x, etc. The hardened murderer is to be treated similarly, and if the treatment be not effective, if there be a relapse, be sure that the fault is neither with the theory nor with the remedy, but only with the potency employed? In that view, conscience is a deceiver; the teachings of our consciousness are false, and the Creator has given us untruth as the groundwork of all our belief, nay, of all our knowledge, and stands forth convicted of being a deceiver and the real "Father of Lies." Before we accept such a belief, we should have the strongest evidence of its truth.

If crime be the result of diseased brain-action, then must virtue be the result of healthy brain-action; in other words, all mental and moral phenomena, thought, will, love, hate, patriotism, religion, must be the mere results of some nervous or brain force; the mere products of matter. This view is unphilosophical, though supported by our materialistic philosophers. Modifications are never creations; the organization of matter could not bring forth thought or feeling, unless thought and feeling already existed in unorganized matter. To say that since the more one thinks and feels, the more brain matter is worn out; therefore mind (thought and feeling) is produced by the molecular changes of that brain matter, is about as sensible and conclusive as to say that since the

more a steam engine works the more its pistons and packing wear away; therefore the force that drives the engine is the product of the decomposition and wastage of the metal and of the tow.

There are truths which cannot be proved by means of syllogisms; mother-truths which the Creator has implanted within us, which are, so to speak, self-evident; so that it is only by doing violence to our natures that we can bring ourselves to doubt them. Among these and foremost we may mention the fact of our personal existence. Upon that as a foundation we build the entire edifice of our beliefs, of our knowledge. Take that away, and from pinnacle to sill there is not one stone that will stand upon another. The first thing whose existence we know is the *ego*. "*Je pense, donc je suis,*" said Descartes, and upon that proposition he based his entire system of philosophy. He might as well have said, *Je suis donc je suis*; for, in either statement he merely asserts the consciousness of self-existence, which the savage has as well as the philosopher.

Now, the knowledge of our existence is not more truly based upon the rock of our consciousness than is the knowledge that ours is a *responsible* existence. The I OUGHT is pronounced to be a fact by the same authority that declares the I AM to be a reality. Those who deny moral responsibility, and that every one does in effect, who calls crime a disease, might with equal reason deny their own existence, for human belief in both has the same basis—consciousness. Nor for our present purpose does it matter whether conscience, the sense of the OUGHT, whatever you may wish to call it, be much or little developed in any individual instance, nor that it be often, or even habitually mistaken in its appreciation of facts. It is enough that its universal existence be granted, no matter how imperfect it may be in itself, or in its operations; and that, we conceive cannot be denied, except in so far as being itself may be.

It is an axiom in logic that conclusions cannot be more certain than the premises from which they are drawn. As

the ultimate premise of all human reasoning is consciousness, it follows that no course of reasoning can make us any more certain of truth revealed by consciousness than the teachings of consciousness as to that truth. For instance, no system of reasoning could avail to add one *iota* of certainty to the teaching of consciousness as to personal existence. The very reasoning by which it is attempted to disprove moral responsibility is ultimately based upon faith in the testimony of consciousness, and could in no case produce a higher certainty than consciousness itself, but consciousness, without the intervention of any process of reasoning, asserts moral responsibility and thereby denies that crime is a mere disease.

Those who consider the sense of duty as one of the products of brain-action must, as we have already said, consider all other manifestations of mind in the same light. Now, memory is one of the lowest of the mental faculties, and yet its phenomena prove, we think, that it is not the result of molecular change of the brain substance; not an attribute of matter. The old remember with peculiar vividness the events of their childhood, and yet, since the occurrence of these events, their brains have been again and again reconstructed. If the recollection of facts had been an attribute of matter, would it not have passed away with the matter to which it belonged? And if memory be not an attribute of matter, why should conscience, the nobler power of the two, be so considered?

We must not be understood as denying that the body has an influence upon the soul, and that through it, drugs, and perhaps those mentioned above, may have a remote and temporary effect upon the mental and moral nature. We recognize the fact that such are the laws of the union of soul and body, that every putting forth of will-power, every emotion of the soul has some effect upon the body, and that bodily states and conditions of health excite or restrain the exercise of the powers and faculties of the soul. These are effects or concomitants, however, and not causes,

The wonderful power of Belladonna in the hands of the



author of the CLINICAL REVIEW article, to curb vicious propensities, and the strange moral transformations, which it is said to have produced, if believed at all, may easily be accounted for upon the supposition that the cases in question were those of individuals suffering from dementia which manifested itself in unlawful or evil actions, and that the Belladonna cured the insanity; for of course, we do not deny that evil deeds are often the result of insanity, and that in such cases criminal actions are the result of disease, just as good deeds, the founding of hospitals and institutions of learning, may also be the results of the same disease, working upon persons of a different disposition. But crime is not insanity, any more than insanity is crime, and while there are cases in which it may be difficult to draw the line of distinction; while we may not often be able to say, here ends responsibility, or there begins irresponsibility; we know that responsibility exists in some cases, nay in most cases of wrong doing, and that, as we have already endeavored to show, disproves the theory that crime is the result of disease.

We have never heard yet of any system of therapeutics which proposed to cure disease by punishment. If punishment tends to repress crime, crime is not a disease. It is too plain for argument, that punishment does tend to repress crime.

We venture to say, without fear of successful contradiction, that no sane man has ever been found who believed sufficiently in the doctrine that crime is a disease, to act upon it. Perhaps the author of the REVIEW article, has children. If so, we dare say that when he catches one in a lie, he does not give him *Melilotus* 10,000<sup>x</sup>, or any other drug according to his theory, but that, if he does anything, he applies a slipper-poultice at some distance from the main cerebral ganglion. If on some dark night, some victim of "too violent brain-action" should waylay our theorist and rob him of his valuables, we doubt very much whether in the event of his assailant's capture, he would request the judge to allow him to administer the prisoner a few doses of Belladonna, 2,000,000<sup>x</sup>, and then send him



forth a regenerated man, a model citizen. If as he walks along the streets with his wife, some victim of the deranged cerebral action, which according to our author, is produced by "idleness and wealth," should insult her, we rather hesitate to believe that the Dr. would say to him: My dear fellow, your liver is out of order, call at my office this evening and I'll give you a dose of *Cuprum acet.* which will make of you an angel of virtue. But if he spans the disobedient child, if he prosecutes the robber, if he knocks down the insulter of his wife; and likewise, if at any time he rewards his child for some good action, and praises the savior of human life or the protector of innocence, he does it as a retribution, and retribution implies responsibility, and responsibility excludes the idea that crime is a mere disease.

---

---

### *AFTER-PAINS — DIAGNOSIS AND PROGNOSIS OF.*

*Presented to the Western Academy of Homœopathy, at Cincinnati, O., May 16, 1878.*

---

BY DR. E. Y. HOWARD.

---

By the term after-pains the obstetrician means those uterine pains that follow after the expulsion of the placenta. The etiology, diagnosis, prognosis and treatment of this condition are barely mentioned by most of our obstetrical writers. Yet in a large obstetrical practice there is not a physician who has not met an occasional case of pains following labor, wherein he has been sorely puzzled to decide as to cause of the condition—if the pains be dependent really upon uterine contractions—and upon this doubt, unable at once to predicate what the result may be, or what course of treatment to pursue. Though it is a subject of such seemingly small importance as to have received scant attention from our noted obstetrical authorities, yet our obstetrical bureau have decided that it merits investigation and discussion during this session.

We must search for the *etiology* of after-pains in the condition of the uterus after the expulsion of the placenta. By the detachment of the placenta, the large vessels which carry the maternal blood to it, are opened up; but as they are compressed by the firm contraction of the uterus, the supply of blood to them is kept within narrow limits, so that the formation of thrombi is favored in the former placental insertion. If however, there is imperfect uterine contraction and the thrombi are not well formed, the flow from the maternal vessels is too rapidly effected into the uterine cavity, and coagulation of the effused blood takes place. In this more or less firm clot which results, there is formed within the uterus a foreign body which acts as a stimulus to uterine contraction. There are many causes that may lead to an imperfect contraction of the uterus. It may be the result of too frequent child-bearing, of a very rapid labor, the reverse—a long, tedious parturition, or back of all this may be lax muscular organization by heredity, or resulting from an anæmic condition which may originate from many causes. After-pains are most frequently met with in multiparæ, rarely in primiparæ. The firm uterine contractions, which are the normal conditions in a first labor, allow of slight effusions. In this event, there is no stimulus to contraction of the uterus, and little or no after-pains result. In a case of primiparæ however, where we have a long tedious parturition and great prostration, we may anticipate after-pains.

In the *diagnosis* of after-pains there will arise occasionally a question of differentiation. We may have colic, originating from its various causes, or there may be such a pathological condition of the uterus itself as to stimulate uterine contractions. Pregnancy occasionally occurs when there are small interstitial or subperitoneal uterine fibroids existing. This condition might stimulate the rythmical expulsive power, and be the true source of pain. As all physiological phenomena are rythmic in their manifestations, so too we find all pathological phenomena to assume the rythmic type of action. Where,

from constipation or an injudicious use of food, colic pains result, and assume the usual exacerbation and remission, a physician may be in grave doubt as to the true condition, and especially if these symptoms originate in a case within twenty-four hours after parturition. In case of true after-pains, at every exacerbation there will result more or less profuse gushing flow of lochia, and the pains will come at more lengthened intervals than in case of colic. Also after the continued recurrence of the periodic pains an expulsion of the irritative clot takes place, and then a subsidence of the pains, at least for a time. In true after-pains, careful manipulation will disclose the rounded uterine tumor, and to the *tactus eruditus* the contraction at each pain will be more or less apparent. In colic pains there will be an appreciable tenseness of the abdomen with a tympanitic condition, which will render easy manipulation of the uterus difficult. After-pains are aggravated greatly in intensity when the child is put to the breast, and often when these pains are not present, the characteristic dragging pains from the loins toward the lower part of the abdomen and down into the thighs, are caused by suckling the child. Usually after-pains appear only on the first day after child-birth, but not unfrequently continue two, three or more days, and in some cases may continue six or eight days, but with longer intervals.

Having decided upon the fact of true after-pains, the *prognosis* is not difficult. In such a case, a fatal issue would be most remarkable. But severe after-pains occasionally put a serious aspect upon an otherwise uncomplicated puerperal condition. The clots may be very large and numerous, and causing intense uterine contractions for their expulsion. The severe pains resulting, with the quantity of blood effused, may produce extreme exhaustion, and irritative fever may result and a true metritic condition might ensue. But in a case of uncomplicated after-pains the most cheering assurances can be given, though the pains are often so wearing and intense as to cause very great unrest and impatience and not un-

frequently serious anxiety on the part of patient and sympathizing friends.

The *treatment* to pursue is clearly indicated by the pathological facts in the case. Give such remedies, and use such hygienic measures as will stimulate uterine contractions, and thereby prevent further effusion in the uterine cavity, and promote the expulsion of clots already existing therein.

---

### *IS HOMŒOPATHY AN EXAMPLE OF HASTY INDUCTIONS?*

---

BY T. C. GOLDEN, D. D., M. D., VINTON, IA.

---

The elements of *materia medica* are numerous and cyclopædic, its elegancies of pharmacy attractive, its therapeutic law novel, and seeing it may be received on communication must be half true. But is it the sufficient and all comprehensive law of cure? That many brilliant cures are effected by homœopathic practitioners 'twere folly to deny. But will it ever prove to be all that it assumes, namely, the all sufficient, all comprehending law of cure? Certainly when we consider that in medicine as in meteorology a thousand circumstances unseen may vary the results of our experiments, and that while successful cases are blazoned, unsuccessful ones are kept out of sight, and that many reported cures are due to false statements, false perceptions, exaggerations, etc., we should beware how we assert that a sufficient number of facts have accumulated to establish it.

The fallacy called by logicians "*Causa pro causa*" is too common among physicians. You take a certain drug and you will get well. This is all you know about it. But you say the medicine cured you. You now assume what you should prove, namely, that the medicine and the cure stand to each other in the relation of cause and effect. It may be that nature, regimen or imagination wrought the cure. But you say it is a matter of experi-

ence. What I know by experience is certainly true. That this remedy will cure *you* I know by experience. Therefore that this remedy will cure you must certainly be true. The word *experience* in the first of these premises is used in the strict sense and applies to the past, the same word in the second premise is used in the popular sense, and applies to the future. It denotes not experience, but a judgment founded on it. Nothing more reliable than experience in the first sense, nothing more uncertain than experience in the last. Instead of being opposed to speculation it is founded on it.

A man takes for his major premise a certain opinion, and for his minor a certain phenomenon, and combining them he draws a conclusion of no more value than his premise. Hence one man's experience is that wet sheets cure, another's that they kill; one man's that infinitesimal doses are efficient, another's that they are inert; one man's experience is that jaundice may be cured by calomel, another's that nothing more is necessary than to hang up a bottle of yellow fluid in the chimney corner. And if we change the word experience for the words common sense, we have not escaped the difficulty. For this phrase as it is used in common parlance, nothing is more indefinite. Whatever stands to common sense is to be relied upon. But one man's common sense is very uncommon, another's not so much so.

The common sense of the Savage teaches that the sun goes round the earth, the common sense of the sage that the earth goes round the sun. The common sense of European nobles says that republics cannot stand, but not so the common sense of the American democrats. If such fallacies mislead the common people only I should not name them; but they often mislead and delude gifted and scientific men, sometimes even respectable members of the medical profession, who are thereby induced to forsake its ranks and enlist under the banners of some charlatan. It may be said that such instances are owing, not to a want of that reasoning ability which distinguished truth from error, but of that honor which prefers poverty

in uprightness to wealth acquired by dishonest artifice.

I have too much confidence in human nature to accept this as a sufficient account of the matter. The progress of medical science is necessarily slow. Other professions make but slow advance, but they do not admit of such improvement as medicine. Theology and law admit of no discovery; their great principles are settled. But medical science may be progressive, especially in our own country, where we have peculiar facilities to trace the influences of race, climate, civilization, &c., in modifying the forms of disease, and to explore unknown regions whose forests or mountains may contain remedies for diseases which have hitherto baffled the healing art. True, the history of medicine is full of discouragements; but it is consoling to reflect that scarce any system has been devised which has not led to some new truth, or proposed some useful curative agent.

The Dogmatics, the Galenics, the Empirics, the Methodics, the Paracelsians have appeared and disappeared, but each of these sects has contributed something to the stock of medical knowledge and the resources of the medical art. May it not be so with the modern systems? If Homœopathy be but a tributary soon to be lost in the general stream of medical truth, it will at least, have contributed to greatly augment the volume of its waters; or will it sometime appear to a demonstration that Homœopathy is the central sea to which all other systems are but tributary? If the medical student survey the mass of error, absurdity and superstition which has been accumulated by the profession in the successive ages of the past, he may find himself growing skeptical as to his favorite science. But let him inquire if there be not mingled with this mass, materials of great value, and he will find his faith revive.

For he knows that blood does circulate, that vaccination is upon the whole a prophylactic. When we examine the statistics of hospitals and the general records of mortality, we may be induced to suppose that there is about the same proportion of deaths and recoveries under every

system of practice. But, when we inquire whether there has been no improvement in the treatment of small-pox since the day of Sydenham, whether quinine is not useful in ague, or iodine, iron and the preparations of calcaria in scrofula, we must see that medical science has advanced.

---

**CHARACTERISTICS THAT SHOULD DISTINGUISH THE PHYSICIAN.**

---

That the true physician is a benefactor of mankind, is a fact too well known to be dwelt upon. Often they are martyrs, cut down by the very disease from which they have snatched others.

As physicians, be our lives ever so humble, they will be daily ennobled by the consideration and sympathy given to another's pain and trial.

In our calling, self-denial is constantly demanded; duty calls at any and all hours, and is no respecter of persons or position. One unwilling to relinquish ease and pleasure, should never enter this profession.

We should even have a tender sympathy for our patients. Pain may dull the sensibilities in other directions, but it seems to make one keenly alive to indifference.

Patience will be needed by the bed-side of many a poor, querulous, pain-racked individual; patience sometimes, as to the slow working out of results; patience under blame; patience when one has deeply studied, watched with anxiety, and used every effort only to meet with failure. The efforts unavailing in one case, go to form a volume of experience, that may save many from an untimely grave.

Endurance will be demanded through many a long, tedious walk or ride, and during many a lonely night's vigil, with no sound save heart beats to break the dreary stillness.

Self-control must prevent fear from blanching the face or unnerving the hand.

Firmness and moral courage must ever prompt the

faithful discharge of duty, marked out by conscientious thought, though the whole world should rise in opposition.

We should cultivate in ourselves a cheerful disposition, without which, we cannot drive away that despondency which will often prey upon the suffering mind of our patients, nor make them realize that while life lasts there is hope.

Keeness of perception is required to note the almost imperceptible changes that foretell to the faithful watcher the dawn of hope or the ebbing away of life.

A quiet manner and step, a gentle voice and touch will ever have a beneficial, soothing effect upon the sick.

In no other profession is it so absolutely requisite to remember that common people are worthy of interest. In the preservation of human life all thoughts relative to the distinction, position and wealth of the individual should be cast aside. A life is to be saved; whether of the millionaire or beggar; saved, whether bright with purity and honor, or sullied by vice and covered with shame. Life must be saved for the young and beautiful, and also for the aged, the wretched—even those to whom death would seem the greater boon. The meanest wretch on earth may be put here as an instrument for good. Whether for good or ill, his life, measured by the laws of God and man, ranks equally with the best in the land. Among the lowly there is pathos in their very poverty and insignificance, and often real tragedy in their hearts and homes.

Lastly—though not least—a physician should be generous. Hippocrates has said: “A physician should use his skill with generosity even to persons in condition and with compassion to those in want.” This was the example left us by the father of medicine, who showed as much liberality in his practice as he did wit in conversation and skill in his profession.

There is an old opinion—more honored by time than good judgment, and I hope in the future may be “more honored in the breach than the observance”—that a wo-



man should never step out of the domestic circle. Although I believe woman has special and sacred duties within that circle, yet I am in favor of her studying medicine whenever time, inclination and ability will permit.

Of the qualities before enumerated, self-denial, patience, sympathy, moral courage, delicacy, keenness of perception, cheerfulness and liberality, she has been endowed by nature with an equal, if not greater share.

Physical endurance and self-control may be wanting, but may, to some extent, be acquired by perseverance and practice.

The good that woman will be enabled to do her own sex—duties which it is pre-eminently fitting that a woman should do for a woman—will be her reward for entering this profession. MAY B. PEARMAN, M. D., St. Louis, Mo.

---

*A LETTER FROM ONE OF OUR LATE LADY GRADUATES.*

---

To the Professors of Missouri Hom. Medical College, who have proven themselves, by their instructions and advice, thorough teachers; and by their courteous manners, true gentlemen; the ladies of the class of 1879 return sincere thanks for the delicacy, deference and kindness with which they were ever treated.

They will go forth into the busy world as champions of suffering humanity, but your instructions will come back to us—will often whisper to us when watching whether life or death shall turn the balance.

Although we have passed many profitable months of study under your guidance, we realize we have but mastered the alphabet of medical science; it will take years of earnest, progressive study, experience and practice, to make us competent and skillful.

We shall meet no more as Professors and students, but often perhaps in society, or in suffering homes our paths may cross. May the future contain no fortune or misfortune that shall make us less than friends.

MAY B. PEARMAN, St. Louis, Mo.

*SURFACE MARKS.—Continued.*

---

BY AMBROSE S. EVERETT, A. M., M. D., ST. LOUIS, MO.

*Trunk.*—The trunk, or that portion of the body situated between the head and extremities, opens a field for surface study which is perfectly wonderful in its magnitude. The neck we have already examined. The chest, abdomen and pelvis remain to be explored.

*Chest.*—The chest is an osseo-cartilaginous box, lined on the inside and covered on the out with soft tissues. In its mechanical construction elasticity seems to have been one of the principal objects sought. Of the cavities connected with the spine it is second in size and contains and protects those noble organs, the heart and lungs.

Its frame work is formed in front by the sternum and costal cartilages; at the sides by the ribs, and behind by the dorsal vertebræ.

In general outline it is conical in shape, narrow above, broad below, and flattened before and behind, and more or less heart-shaped on a transverse section. Its openings of which there are two, are the superior and inferior. The superior and smaller opening is bounded in front by the upper border of the sternum; on each side by the first rib, and behind by the first dorsal vertebra. Its direction is upward and backward, and measures more in a transverse direction than in an antero-posterior. It is traversed from before backward by the following parts: sterno-hyoid and sterno-thyroid muscles, remains of the thymus gland, the trachea, œsophagus, thoracic duct, and the longus colli muscles; on the sides, by the arteria innominata, the left common carotid, the left sub-clavian, the internal mammary and superior intercostal arteries, the right and left vena innominata and inferior thyroid veins, the pneumogastric, sympathetic, phrenic and cardiac nerves, and the recurrent laryngeal nerve of the left side. The apex of each lung is covered by the pleura and projects through this opening a variable distance above the first rib. The inferior opening or base is bounded by the ensiform cartilage in front, by the last rib on each side and by the twelfth dorsal vertebra behind, the

included space being occupied by the diaphragm.

The opening looks obliquely downward and backward. From this it will be seen that the cavity of the chest is considerably deeper along its posterior than along its anterior wall. It is also wider transversely than from before backward. Its axillary surface is convex, while in the mesian line, both in front and behind, it is slightly concave. On the right side its floor corresponds with the upper border of the fifth, and on the left side with the upper border of the sixth costal cartilage.

When one side of the chest is larger than the other it is usually the right. Luther Holden, in his "Land marks, Medical and Surgical," has presented some valuable statistics on this point. He states that out of 92 able-bodied males, measured about the nipple, 72 had the right side the largest; 11 the left, and 10 had both sides equal. One and a quarter inches is the greatest difference in favor of the right. The male and female chests differ from each other in the following points: The sternum is shorter, the cavity smaller, the upper ribs more movable and the superior opening larger in proportion to the inferior in the female than in the male.

This mechanism on the part of the female chest meets the requirements of pregnancy, by permitting considerable enlargement of its upper part at this time.

*Sternum.*—The sternum occupies the median line of the front wall of the chest, and measures from five to six inches. It has an oblique direction from above downward and forward, so that its lower extremity occupies a plane considerably anterior to its upper. Its upper border is on a level with and opposite to the second dorsal vertebra, and is separated from it by a space hardly more than two inches. From an inch and-a-half to two inches below its upper border, on its external surface, may be felt a transverse ridge. This ridge marks the junction of the first and second pieces of the sternum; opposite this ridge, deep in the chest, the trachea divides into its two bronchi. Lying in front of this bifurcation and upon it, is the arch of the aorta. From this it appears that the highest part of the arch of the aorta lies about one inch below the

upper border of this bone. The portion of the sternum above this elevation constitutes its first piece; behind it we find very little if any lung; the chief portion of the space being occupied by the trachea and larger blood vessels. First in order comes the left vena innominata, which crosses obliquely from left to right, just below the upper border of the bone to terminate in its fellow of the opposite side. Behind this vessel, on the right side, we have the arteria innomenata. Its direction corresponds to a line drawn from the center of the junction of the first and second pieces to the right sterno-clavicular articulation. To the left, and a little behind the arteria innominata, is the left common carotid. Its direction corresponds to a line drawn from a point two lines to the left of the center of the junction of the first and second piece, to the left sterno-clavicular articulation. Still further to the left is the left sub-clavian. Its direction corresponds to a line drawn from the left extremity of the juncture of the first and second pieces of the sternum to the internal border of the scalenus anticus muscle at its insertion. Behind these we find the trachea and its bifurcations; and, lastly, and deepest of them all, the œsophagus.—When the arteria innominata rises unusually high in the neck, its pulsations can be felt in the suprasternal fossa. Behind the second piece of the sternum we have the anterior thin borders of the lungs. These run parallel with each other, or nearly so, from the junction of the first and second piece to the level of the fourth costal cartilage; behind this pieces of the sternum we have also the pericardium and heart. The lower end of the sternum is on a level with the tenth dorsal vertebra.

*Ribs.*—The ribs increase in length from the first to the seventh, and then gradually diminish to the twelfth. Their direction is oblique from behind downward and forward, so that their anterior extremities lie in a plane considerably lower than their corresponding vertebræ. The maximum obliquity is reached at the ninth rib. From this point, both in an upward and downward direction it gradually diminishes. If we commence opposite the

middle of the junction of the fourth costal cartilage with the sternum and draw a horizontal line backward around the chest, it will strike the body of the seventh dorsal vertebra instead of the fourth. In thin and emaciated persons it is a very easy matter to count the ribs, but in fleshy persons the task is often rendered quite difficult by the abundance of adipose tissue with which the thoracic walls are covered.

It is fortunate for us, however, that we have several guides or fixed points from which to commence their enumeration. These may be set down as follows :

*First.* The nipple.—This, as a rule, occupies the fourth intercostal space, about three-quarters of an inch external to the sternal extremities of the fourth and fifth ribs.

*Second.* The lower border of the pectoralis major muscle.—This border of the great pectoral muscle runs parallel with the fifth rib.

*Third.* The junction of the first and second pieces of the sternum. The surface mark, which designates this union, is on a level with the cartilage of the second rib, and by careful manipulation can almost always be made out.

*Fourth.* The eleventh and twelfth ribs.—These structures even in the most corpulent persons can be felt along the outer border of the erector spinæ muscle. Their floating extremities are pointed and slope downward.

*Fifth.* The scapula.—This bone covers the ribs from the second to the seventh inclusive.

*Sixth.* The serratus magnus muscle.—If the arms be lifted and folded over the vertex of the head, the uppermost serration of this muscle, which is brought into view, corresponds with the sixth rib. The three serrations below this correspond with the seventh, eighth and ninth ribs respectively.

*Coracoid Process and Axillary Artery their Guide.*—Just below the clavicle and between the deltoid externally, and the pectoralis major internally, is a triangular interval. It varies in size in different individuals, and depends upon the degree of approximation of the contiguous bor-

ders of these two muscles. This is the guide to these structures, and is made more visible by carrying the arm outward and putting the pectoral and deltoid muscles on the stretch. With the arm in this position it is very easy to feel the coracoid process by pressing the thumb into this interval. By this manipulation the thumb would be carried against the inner side of the process. Its apex is covered by the fibers of the deltoid. If the shoulder has been injured and you suspect fracture of this process, this is the manipulation to detect it. The course of the axillary artery corresponds to the direction of this interval deep in the axillary space at least three-quarters of an inch from the surface. In front of it we have the cephalic vein, the acromial branch of the acromio-thoracic artery, the pectoralis minor and costo-cricoid membrane. In this interval its pulsations can be distinctly felt, and for a short time it can with great difficulty be compressed against the ribs.

*Heart, its position.*—To get a clear and complete idea of the position of the heart in the chest, its outline should be drawn on the thoracic wall.

*First.* This can be done by drawing a line transversely across the sternum, parallel with the upper border of the third costal cartilage. The line should commence one-half inch to the right, and be carried full one inch to the left of the sternum. This line will correspond with the base of the heart.

*Second.* Mark the apex of the heart, which is two inches below the left nipple, and one inch to its right. This point will be in the fifth intercostal space.

*Third.* The lower border of the heart rests on the central tendon of the diaphragm, and corresponds to a line drawn from the apex to the right border of the sternum, just above its junction with the ensiform cartilage. This line is slightly curved, and its concavity looks upward.

*Fourth.* The right border of the heart corresponds to a line drawn from the right extremity of the last described line to the right extremity of the line which defines its base. This border of the heart is formed by the right auricle.

*Fifth.* The left border of the heart corresponds to a line drawn from its apex to the left extremity of the one which defines its base. This is a curved line also, the concavity of which looks downward and to the right. The left border of the heart is formed by the left ventricle.

The angles of these lines may now be cut off and rounded and the whole easily made to conform to the shape of the heart. This diagram will at once fix in the mind the direction and position of the heart. It shows that the greater part of the heart lies in the left half of the chest. The only part of the heart to the right of the sternum, is the right auricle. Now if we were to introduce a needle into the third, fourth or fifth intercostal space, on the right side, close to the border of the sternum, it would pass first through the right lung, and then enter the right auricle. If in the second intercostal space, close to the right border of the sternum, we introduce a needle, it will first penetrate the right lung, enter the pericardium and transfix the aorta at the point where it projects most prominently to the right. If in the first intercostal space we introduce a needle close to the right border of the sternum, it will penetrate the right lung and transfix the superior vena cava above the pericardium.

*The Valves of the Heart.*—The tricuspid valve is behind the center of the sternum, and on a line with the upper border of the fourth costal cartilage. The pulmonary valves are situated to the left of the tricuspid and in front of the aortic, and correspond to the third costo-sternal articulation on the left side.

The aortic valves are situated in the third intercostal space—are behind, and a little below the pulmonary and correspond with the left border of the sternum.

*The mitral valve* is the deepest seated of them all, and lies in the third intercostal space, one inch to the left of the left border of the sternum. Thus it will be seen, that all these valves lie within a radius of an inch from the left border of the sternum, opposite the center of the third intercostal space. Their sounds are more perfectly and clearly heard if respiration is suspended for a moment.



This is due to their being covered by a layer of lung of variable thickness.

Those sounds which originate in the left ventricle are most distinctly heard at the point where the apex of the heart strikes against the thoracic wall; those which originate in the ascending aorta we shall hear best a little to the right of the center of the sternum—opposite the third costal, and from this point upward; those which originate in the pulmonary artery will be heard best a little to the left of the center of the sternum, opposite the third intercostal space; and those which originate in the right ventricle will be heard the loudest over the center and lower part of the sternum.

*The Heart's Impulse.*—When a person stands or sits in an erect position, as a general rule, the impulse of the heart is felt in the fifth intercostal space, two inches below and one inch to the right of the left nipple. As the person leans forward, backward, to one side or to the other, its impulse is carried away a little from this point. The point of impulse of the heart is also changed by inspiration and expiration. A full and deep inspiration may carry the heart downward half an inch or more, so that its impulse is felt in the epigastric region.

*Lungs.*—The constant, alternate contraction and expansion of the lungs renders it simply impossible to fix absolutely their outline on the external surface of the chest-wall. Each lung, as you all know, is conical in shape, has an apex, base, two surfaces, and two borders.

Now, if we commence at their apices and trace their anterior borders, we shall find that they descend to the sterno-clavicular articulation, behind the sterno-mastoid muscle. From the sterno-clavicular articulation they converge and almost meet in the median line of the sternum, opposite the junction of the first and second pieces, leaving very little if any lung behind the manubrium. From this point to the level of the fourth costal cartilage, just behind the center of the sternum, their anterior borders are in contact, being separated only by the pleura and run nearly parallel with each other. Opposite the fourth



costal cartilage their borders begin to diverge, but not in an equal degree. The border of the right diverges gradually and follows the direction of the costal cartilage of the sixth rib. The border of the left passes abruptly to the left, following the fourth costal cartilage as far as its junction with the rib, leaving a notch occupied by the heart and pericardium, between the anterior borders of the lungs, immediately beneath the sternum. The anterior borders of the lungs cover the great vessels which arise from the heart, and the valves at its base, but they do not cover the right ventricle. If on either side you draw a perpendicular line on the chest-wall so that it shall pass through the center of the nipple it will strike at the lower border of the sixth rib, the anterior margin of the base of the lungs. At the side of the chest-wall and in line with the axilla the lung margins correspond with the eighth rib.

In the back below the scapulæ the lung margins correspond with the tenth rib. The posterior borders extend from the apices to the tenth dorsal vertebra are broad and rounded, and are received into the retiring angles formed by the bodies of the vertebræ and ribs. The base is broad, concave and rests on the diaphragm. Its circumference is thin, and is received into the receding angle formed by the lower ribs, and the costal attachment of the diaphragm. From this it will be seen that the lungs extend lower down in the back and on the sides than in front.

By a forced inspiration the lung margins are displaced in a downward direction one inch and a half, at least. The thymus gland, which disappears as puberty approaches, separates the lungs of children in front.

*The Anterior Mediastinum.*—This space is not parallel with the sternum but follows the direction of the heart, obliquely downward to the left. In its upper part, through a short space, the contiguous surfaces of the two pleura are in contact occasionally. The right pleural sac, generally, in this interval extends to the left of the median line of the sternum, so that, opposite the center of the sternum, on a line either with the third or fourth rib, if a needle be introduced it would penetrate the right pleura.

*The Pleura.*—If from the lower extremity of the sternum, we draw a line over the cartilages of the ribs as far down as the lower border of the twelfth rib, said line will correspond to the reflection of the pleura on the diaphragm. The lowest point in the pleural sac is, therefore, opposite the twelfth rib, the inner surface of which it lines. A foreign body, therefore, loose in the pleural sac would naturally gravitate to this point, and could be easily removed here by an incision between the eleventh and twelfth rib. This being the lowest point of the sac, the chest might also be tapped here. The operation, however, should be performed with great care, and with a cutting instrument. The trocar or aspirator should not be employed, as there is great danger of thrusting the point of the instrument through both layers of the pleura, and diaphragm, and as a consequence, penetrating the abdomen. The incision should be made close to the upper border of the twelfth rib, so as to avoid wounding the intercostal artery, and two inches from the spine, along the external border of the erector spinæ.

The chest also can be tapped in the sixth intercostal space, midway between the sternum and spine. This point is easily found by drawing a horizontal line around the chest, on a level with the nipple. Such a line would intersect the sixth intercostal space at the point designated.

---

### *BARTON'S FRACTURE.*

---

BY J. J. LOBAUGH, ELMWOOD, ILLINOIS.

---

[For the Western Academy of Homœopathy—Surgical Bureau 1878.]

---

This injury is so liable to occur from falls on the hand, the nature of the case is so easily misapprehended, and if improperly treated, the deformity following is so great, so obvious, and even conspicuous, that every one pretending to treat surgical cases should be prepared to meet this injury with prompt and efficient treatment.

When a piece is broken off from the carpal extremity of the radius extending into the joint, the peculiar silver

fork appearance immediately occurs, but the most remarkable feature and the one most difficult to treat, will be the lateral displacement of the hand to the radial side. Sometimes the patient will imagine it only a sprain, and neglect to call surgical aid at the proper time. Or a surgeon may be called, and as has often been the case in country practice, he may think he has a case of dislocation, as the appearance is very much of that character. However, if extension be made, the deformity will disappear, only to return when the extension is relaxed. The patient can also readily move his hand in many ways. These facts should clear up the diagnosis if called early enough, before great swelling has supervened, as neither of these circumstances would be likely to occur in dislocation. If the surgeon be not called till after the lapse of some weeks, as sometimes occurs, he may find the parts much swollen, and may labor under much embarrassment in trying to arrive at a correct diagnosis; and even if he can become satisfied of the nature of the injury, the length of time which has elapsed may entirely preclude the possibility of producing a good result. Even when called early, if the surgeon be not thoroughly cognizant of the nature of the case, and the proper means of correcting the deformity, he may readily incur the danger of suffering seriously in reputation at the termination of the case, as a badly deformed wrist and the lateral displacement of the hand will be a bad advertisement for any surgeon.

I have met, after a so-called recovery, with quite a number of these non-treated and mal-treated cases, and the deformity has been great with a very limited use left of the hand. I have myself treated some cases, and profiting by what I have seen, I have tried to use means to get better results. I found the difficult point to be to keep fully restored the lateral displacement of the hand, and after trying in my first case for awhile without success, the devices given in the books, I found I must do something else or I would come out with a crippled and deformed wrist, a result I was naturally exceedingly anxious

to avoid. The method I used was very simple, but I can perhaps better illustrate it by giving the history of a case or two.

Mrs. S., a lady advanced in life, had some years before, fallen and sustained Barton's Fracture of the radius of the right arm. No surgical aid was called, but the case was left to nature, and the result as may be imagined, was anything but desirable. Again she had a fall, and sustained the same kind of injury in the radius of the left arm. I was called immediately, and found both hands now having much the same appearance of deformity. I hoped to be able to treat my case so as to get a better result than in the other arm. I followed the directions given in the books, applied palmar and dorsal splints with compresses at the proper places, and then placed in the hollow of the hand on the palmar splint a firm compress, set obliquely, so as to remedy the lateral displacement. I watched the case carefully, and at the end of a week the lateral deformity was as great as ever. I now drew on my own ingenuity for some device to help me out of my difficulty. I took my pocket knife and made a new splint out of a piece of lath or pine board. I cut this splint to fit the ulnar side of the arm and hand. I mean by this that I fitted it to lie on the outside of the ulna, and to reach from the elbow to the ends of the fingers, as did the others. I cut it to fit the arm and also the outside of the hand, but where it would press against the styloid process of the ulna, I left a considerable projection to act as a fulcrum. I then padded and applied my three splints, placing the dorsal and palmar ones as usual, with compresses, and the new splint on the outside of the arm, between the other two. I then secured all three firmly to the forearm by proper bandages. I then passed a band about an inch or more in width and long enough to go around twice and tie beneath the dorsal and palmar splints, over the hand as close to the wrist as possible around and over my new splint. I now drew forcibly and brought the hand laterally against my new splint, and the deformity in that direction was immedi-

ately remedied. I now tied my band securely over my new splint, and thus I had the hand under my complete control. By careful attention to the proper adjustment of the splints I came out at the end of the case with no deformity and a good hand.

Stella M., aged 10 or 12, fell off the steps and hurt her wrist. Her father called me, saying her wrist was dislocated. I found Barton's fracture, which I adjusted and treated as in the other case. Patient had chronic chorea, which gave me much trouble, as the splints would soon become loosened. I had to watch the case carefully, and adjust the splints frequently, but the result was worth all the care bestowed on it, for the wrist came out all right with no deformity and no impairment of the use of the parts. I believe this simple device will almost invariably give good results in uncomplicated cases of this fracture, and I would further say that I think these cases should receive careful consideration from us all, old as well as young, for some of the worst results I have ever seen have come from the hands of experienced men.

ELMWOOD, Peoria Co., Ill., May 4, 1878.

---

### COMMENCEMENT OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

---

To the majority of people, excepting those who are immediately interested in college matters, commencement exercises are rather dry ceremonials. The contrary of this, however, was noticed on Wednesday evening, March 12th last, at the commencement exercises of the New York Homœopathic Medical College, when Chickering Hall was filled to overflowing with one of the most brilliant assemblages ever congregated within its walls. Every seat in the hall was filled, and standing room could scarcely be found; indeed, many were obliged to leave the building for lack of accommodation.

After a brief prayer by the Rev. Dr. D. C. Potter, Professor J. W. Dowling, M. D., Dean of the Faculty,

gave a brief account of the increasing prosperity of the college, together with a very appropriate explanation of the terms "*regular*" and "*irregular*," as applied to different schools of medicine; finishing this portion of his subject by stating the fact that colleges regularly chartered by the Legislature of the State of New York, whereat all the collateral branches of medical education were taught, stood on an equal footing, and that no such discrimination of terms could be applied to any of them. The doctor then alluded to the extended term of instruction, and the rigorous character of the examinations of New York college, which may be instanced in the rejection this year of one candidate out of every six applying for the honors of the institution. The address of the Dean was listened to with very marked attention, and when, after a word or two of parting advice, he advised the young graduates to select each for himself, with proper care and discrimination—a good wife, the approbation of the listeners was testified by great applause.

The degrees of the college were then conferred by Hon. Salem H. Wales, the president of the board of trustees, who also made a short and forcible address, alluding to the present status of the college as compared to that of the institution when he first became connected with its interests. Mr. Wales also spoke of the advantages of the marital state as affecting the young physician, and exemplified the Dean as illustrating the case in point. These pleasantries assisted materially to enliven the usually rather dull proceedings of this portion of the entertainment. Another notable feature, and one which we hope may be adopted by other institutions, was the omission of a valedictory address on the part of the Faculty. There must be in such speeches always a sameness; the very nature of the subject generally forbids much originality, and valedictories have been pronounced so frequently, and dished up in such a variety of shapes, that the average man and woman of thirty years are generally aware of the subject matter of such discourses before the speaker has settled himself to the consideration of his subject.

The prizes were delivered to the successful candidates by Prof. F. S. Bradford, M. D., Secretary of the Faculty. He made some happy hits in his brief remarks, which were received with applause by the audience. The following were the gentlemen who were fortunate:

The Faculty prize, for the highest standing in all departments, was awarded to E. V. Moffat, B. S.; that for the greatest proficiency in Obstetrics was also obtained by Dr. E. V. Moffat, who also was the recipient of the Willard Prize for the greatest proficiency in Pathological Anatomy.

C. S. Kinney won the prize for the best thesis on mental diseases.

The Butler Prize, for the greatest proficiency in Electro-Therapeutics was given to H. C. Blauvelt.

The Prize of J. C. DeKorth of South America, for the best thesis on fevers was won by W. M. Decker, and that of his son, Dr. F. L. DeKorth was obtained by E. V. Moffat.

The Wales Prize, for the greatest proficiency in all the junior branches was awarded to James E. Lilienthal.

Honorable mention was made of the following gentlemen:

J. W. Candee, F. D. Brewster, C. H. Hofmann,  
P. A. Banker, J. M. Howe, G. S. Morgan,  
S. Vehslage, and Carroll Dunham, Jr., of the Junior Class.

The Valedictory Address (and a very good one, too), on behalf of the Graduates, was given by Dr. J. W. Candee, and a most excellent, original and eloquent address by the Rev. Dr. Armitage concluded the ceremonies.

The following is a list of the graduating class:

P. A. Banker, New Jersey. M. Leal, New York.  
F. L. Benedict, Connecticut. A. H. Lloyd, Massachusetts.  
H. C. Blauvelt, A. B., N. Y. H. L. Lockwood, N. J.  
F. D. Brewster, Penn. R. A. Martin, Penn.  
L. S. Brown, A. B., N. Y. B. E. Mead, New York.  
W. G. Brownell, " E. V. Moffat, B. S., "

J. W. Candee,	“	G. S. Morgan, Conn.
A. B. Cole,	“	E. S. Northup, New Jersey.
G. R. Davis, M. D., Ohio.		T. L. Nunamaker, M.D., Ks.
W. M. Decker, New York.		W. M. Pettit, New York.
C. J. F. Ellis, Indiana.		E. M. Swift, “
E. Everitt, New York.		C. A. Tinker, Connecticut.
E. D. Franklin, “		T. S. Turner, Maine.
J. F. Godell, “		S. Vehslage, New York.
R. C. Grant, “		F. D. Vreeland, A. B., N. J.
A. M. Haight, “		S. H. Vincent, New York.
C. H. Hofmann, A. B., M. D.,		J. T. Vansant, Kentucky.
	Penn.	W. S. White, B. S., N. Y.
J. M. Howe, D. D. S., N. Y.		H. A. Whitmarsh, A. B., R. I.
W. K. Ingersoll, Illinois.		L. F. Wood, Connecticut.
C. S. Kinney, Connecticut.		

The advantages of this Commencement over others of the Institution were first, the excellent selection of the music; second, the absence of the traditional advice found in the faculty valedictory; third, the shortness of the speeches; and fourth, the saving of time by omitting the conferment of the certificates to the Junior class.

We wish the College all manner of success, and see increased facilities for medical instruction in the Spring course of lectures which, we are informed, opened with over fifty students in attendance.

---

### **Books Reviewed.**

---

#### **REPORT OF THE NEW ORLEANS HOMŒOPATHIC RELIEF ASSOCIATION — THEIR LABORS WITH THE YELLOW FEVER SCOURGE—A SPLENDID RECORD AND VALUABLE SUGGESTIONS.**

The report of the Homœopathic Relief Association, showing the work done by that body during the late epidemic, has been received and examined.

The report, properly speaking, is comprised in some twenty printed pages, and relates the origin of the association and extent of its work. Included in this are ex-



tracts of letters from applicants for assistance residing in Dry Grove, Canton, McComb City, Tangipahoa, Bay St. Louis, Cheniere. Caminada, and a number of other inland towns, all narrating the benefits received, and the gratefulness of the donees to the association.

The total number of yellow fever cases treated homœopathically under the auspices of this association, was 5640; of this number 3184 were within the city limits, and 2456 were in towns, villages and hamlets in adjacent fever districts, mainly in Mississippi, on or near the line of the Chicago, St. Louis and New Orleans railroad.

Of these 3184 cases treated in the city, 164 died, a mortality of 5.2 per centum. Of the 2456 treated in outlying points, 174 died, a mortality of 6 per centum. Of the entire number treated, 2953 were under fifteen years of age, and the loss was 124, a mortality of 4.2 per centum. Examining more into details, it is found that 231 cases of black-vomit were treated by the physicians and laymen of the association, of which cases 173 recovered.

The receipts, besides donations of food and clothing, were \$12,278.16. The disbursements were \$2,388 to physicians, \$2,322 to nurses, \$1,066.15 to charities, \$1,103.50 to carriage hire, and the remainder to the purchase of medicines, clothing, food, and to the defraying of office, burial and other expenses.

The publication of this part of the report was delayed in order to incorporate therewith extended reports and papers, pertaining to the treatment of the fever, from physicians of the homœopathic school.

These reports are from Drs. Richard Angell, Walter Bailey, Sr.; James G. Belden, S. M. Angell, A. B. de Villeneuve, Walter Bailey, Jr.; James Die, Charles J. Lopez, James R. Jones and W. M. Deason, and are followed by two elaborate papers from the pen of Dr. Walter Bailey, Sr., upon the theory of yellow-fever poison and upon quarantine.

By the papers of Drs. Bailey, Belden, De Villeneuve and others, the germ theory seems to be entirely rejected,

these physicians expressing unanimous opinion that yellow fever has its origin from special atmospheric conditions, combined with and augmented by local causes, said causes being miasms arising from impurities of the soil and lack of proper hygienic precautions.

They continue, and state that while the yellow-fever is indigenous to our city, it is always possible in sporadic form when such special atmospheric conditions exist, but it does not and cannot become virulent and epidemic unless such hygienic condition of the city is specially neglected and bad; that while yellow-fever may be and doubtless often is imported, yet it can and does originate here, and hence any quarantine, other than of a limited character, is not only useless, but an unnecessary bar to the commercial life and prosperity of this city.

This opinion is acquiesced in with more or less earnestness by the majority of the homœopathic physicians in this city. Such an opinion, coming from such a source, is certainly entitled to earnest consideration, and the book, which the secretary of the association, Maj. C. G. Fisher, has so well collated, should be examined by all residents of the fever district.

It certainly combines more extensive and specific information upon the subject of yellow-fever than any other document of the sort yet published, and on this account is valuable and deserves a place in the library of every thinking man.

---

## **Books and Pamphlets Received.**

---

GUIDING SYMPTOMS OF THE MATERIA MEDICA. By C. Hering, M. D. Philadelphia. Published by the American Homœopathic Publishing Society, and received with the compliments of the society. J. M. Stoddart, Printer. 1879. Vol. I.

It contains 506 8vo pages, and embraces every drug from Black spruce, to Horse-radish—or, speaking technically and alphabetically, every known proved drug from *Abies nigra* to *Armoracea sativa* inclusive, making forty-five, some of which are among our most valuable, and in daily use. Not thoroughly examined yet, and not ready for a review.

**THE MEDICAL COUNSELOR.**—Another new medical Journal from Chicago. This has all the *earmarks* of the American Homœopathist that went East for more congenial soil. It has the same editor, J. P. Mills, M. D., and we wish him every success—and if he deserves it, he will get it.

**Case of Unilateral Cerebellar Abscess and Tumors, without persistence of Symptoms. Remarks on Unilateral Diseases of the Cerebellum, and other cases cited.** By C. H. Hughes, M. D., late Supt. and Physician, Missouri State Lunatic Asylum.

**Annual Homœopathic Gazetteer of the Mississippi Valley.** New Series. 1879. Volume 2. To physicians, with the advertisers' compliments. Dubuque Iowa. Key City Pub. Co.

**Reports, with Analysis, on the Appollinaris Spring—Neuenahr Rhenish Prussia.** 1878.

**The Doctor Woman.** By Aiken Heart, M. D. Illustrated by C. H. Goodman. Price 25cts. American Observer Office, 228 Woodward avenue, Detroit, Michigan.

It is poetical, classical, ironical, gynæcological and comical.

**An Illustrated Repertory of Pains in Chest, Sides and Back—their Direction and Character confirmed by Clinical Cases.** By Rollin R. Gregg, M. D. Second Edition. Duncan Brothers, Publishers, Chicago.

This book is a regular curiosity in the line of *materia medica*. It contains 100 pages 8vo., and ought to be purchased by every doctor. The origin, direction and terminating of every pain is shown in seven plates by white arrows, on a black ground, representing the human body in outline.

**Hoyne's Annual Directory of Homœopathic Physicians in the State of Illinois, for the year 1879.** Vol. 1, No. 7. Containing also an alphabetical list of those in Indiana, Missouri and Kansas. Published for free distribution to physicians. Circulation, 5,000; price, 50cts.

---

## Editor's Drawer.

---

*Editor of the Clinical Review:*

The Cleveland Homœopathic Hospital College held its twenty-ninth annual commencement on the 12th of March. The exercises consisted in the usual number of prayers, addresses, presentation of prizes, etc. The day previous the Alumni held their annual reunion in Case's Hall, and closed in the evening with a sumptuous banquet. The Alumni of the college now number nearly one thousand, and a fair number of whom attend the re-union, and have a jolly good time. The college has more than a hundred matriculants, and only twenty-four graduates. A happy hour for the safety of the people against death from doctors, when only about 20 per cent. of students graduate. A less number and better graduates of newly made M. D.'s should be the rule. Preliminary examinations will be required in the future by the Cleveland College, and a further effort to induce students to adopt the grade course. Wake up, you institutions of the West, or you will see all good medical students "moving their families East" for a good education.

DR. S. R. BECKWITH.

NEVADA CITY, CALIFORNIA, March 26, 1879.

*Editor of the Clinical Review:*

DEAR EDITOR.—Please chronicle for the gratification of your many readers, the *bold* advance movement of our brothers, at the capital of our State, Sacramento, viz.: Homœopathy has just been honored by the appointment of a Homœopath as County Physician of Sacramento County, one of the largest and wealthiest counties in our State, with a salary of \$3,000 per year. George Pyburn, M. D., is the appointee. This gives Homœopathy control of the county hospital and jail, and city jail; also, county and city free dispensary. They have also received the appointment of two out of five, on the Sacramento City Board of Health, viz.: Drs. G. M. Dixon and W. A. Hughson. The three Allopaths threaten to resign rather than serve with “*quacks*.”\* They can do so if they are so afraid of the *little pill boys*, and they and we will enjoy the privilege of seeing a full board of Homœopaths. We feel proud of the work of our Sacramento brothers, and the advantage Homœopathy has gained at the capital city of the Golden State; and believe the Homœopathists of my old home (St. Louis), and wherever your widely circulated journal goes, will rejoice with me at the grand victory. May they ever “hold the fort” for homœopathy. Three times three cheers for our grand and potent “*Similia Similibus Curantur*.” May it ever push its conquests until its benign and healing influence is felt from center to circumference of our great nation, and until all other schools (as they must), shall bow at the shrine of Hahnemann, and own *Homœopathy King* of therapeutics.

E. W. CHARLES, M. D.

BOWLING GREEN, KY., Feb. 22d, 1879.

PHILO G. VALENTINE, A. M., M. D., St. Louis, Mo. *Dear Sir:*—As I feel anxious to see, or have more homœopaths in Kentucky, I write you to let you know of locations. There is no doctor of any school at Hadley, Warren county, Ky. An old school doctor's health has given out, and he has just left there. No doctor within seven miles. The practice would be exclusively a country practice, and in a rolling, wooded country well populated. Board can be had from \$2 to \$2.50 per week. A homœopath could do well at Smith's Grove on the L. & N. & G. S. R. R. There is a good opening at Russellville, Ky. No homœopath at Brownsville, Tenn., with a population of 10,000. A live man could have a lucrative practice at Clarksville, Tenn. There are many good and desirable locations in Kentucky, and we want more homœopaths. I am in partnership with W. H. Blakely, M. D., of this city.

Faternally,

E. LIPPINCOTT, M. D.

CHARLESTON, ILL., March 1879.

The third annual meeting of the Wabash Valley Homœopathic Medical Society convenes in Charleston, Ill., May 6th, one day in advance of the Western Academy at St. Louis. It is so arranged that physicians going to St. Louis may attend the Wabash by starting a day in advance.

Stop over and spend a day with us, and help us give a *big boom* and a consequent loud report in this growing society. Inform me by postal if you'll come, so I can provide for you. A public popular lecture in the evening by a gentleman and scholar.

GEO. B. SARCHET, Pres.

\* Since the above was in type they have done so, and the Board is filled with Homœopaths. Drs. Geo. Pyburn, A. G. Henry and Miss L. J. Kellogg. This makes California the Banner State.—[ED.]

**INTER-COLLEGIATE CONFERENCE OF THE HOMŒOPATHIC COLLEGES OF THE UNITED STATES—SECOND ANNUAL SESSION.**—The second annual session of this organization convenes at Indianapolis, Ind., Wednesday, April 30th next, in the parlors of the Bates Hotel, at 10 o'clock A. M. Each Homœopathic College in the United States is entitled to representation by one delegate.

The Indiana Institute of Homœopathy meets at the same time; so a profitable, as well as pleasant, time may be expected.

As the conference will sit but one day, the delegates are earnestly invited to be promptly on hand. By order of the President.

C. H. VILAS, M. D., Secretary.

56 E. Washington St. Chicago, March 26, 1879.

The Indiana Institute of Homœopathy will meet at Indianapolis on the 30th of April and the 1st of May, instead of May 6th and 7th, as announced.

M. T. RUNNELS, M. D., Secretary.

Graduates this Spring from our Homœopathic Colleges, 10 in number:

Pulte (Cincinnati, O.),.....	32
Chicago Homœopathic.....	31
“ “ <i>Ad eundem</i> .....	51
Hom. Med. College of Missouri.....	18
Hahnemann (Chicago).....	65
“ (Philadelphia).....	61
Cleveland Homœopathic.....	24
Michigan University (Ann Arbor).....	25
Iowa “ (Iowa City).....	3
Boston “ School of Medicine.....	35
New York Hom. Medical College.....	34
<b>Total.....</b>	<b>379</b>

INDIANAPOLIS, IND., April 1, 1879.

Our Legislature, which adjourned yesterday, passed an excellent medical bill, but, I am sorry to say our Governor vetoed it, and that the bill was killed.

With regard to a State Board of Health, the Assembly considered only the part referring to “vital statistics of importance,” and incorporated that part with the Bureau of General Statistics and Geology, and thus the State Board of Health bill was likewise killed.

Once more; we tried to be represented on the Medical Hospital staff. We succeeded, and could attend patients, if they desired so, homœopathically. But the attempt was a failure. We can't attend patients when under the supervision of an allopathic superintendent, and ditto nurses. We were bull-dozed out in spite of our right.

Yours very truly,

W. EGGERT, M. D.

**LACTOPEPTINE.**—Whether Lactopeptine is a mechanical mixture, or a compound according to the chemical affinities of the six predominant elements found in the digestive juices, it is not necessarily important to know. It is enough to know, from unequivocal testimony gathered from the dyspeptic and the anæmic—from the chlorotic girl and from the pregnant woman—that in it we have something that seems to act in the double capacity of regimenal and remedial to the sufferings that attend all those conditions. The Homœopathic pro-

fession find nothing in it to contravene the action of their medicines.

ST. JOSEPH, MO., March 21, 1879.

DR. P. G. VALENTINE—*Dear Sir*: "The Kansas and Missouri Valley Homœopathic Medical Society" can not well meet with you May 7th, 8th and 9th, as its own meeting is already fully arranged for the 7th and 8th. Otherwise I, and doubtless others, would be glad to meet with you at that time.

We have every prospect of the best meeting the Society has ever held, but it has required considerable effort to work it up. Please announce in your journal that the Society will meet in this city May 7th and 8th next.

Fraternally yours, H. W. WESTOVER, M. D., President.

We have received a newspaper account of the exercises of the Twenty-seventh Annual Commencement of the New York Ophthalmic Hospital. Our well beloved friend Dr. George S. Norton gave the faculty. Preston H. Bailhache, U. S. Marine Hospital; Jno. S. Billings, U. S. Army; Thos. J. Turner, U. S. Navy; Stephen Smith, N. Y., and address, and it was a good one.

Dr. F. H. Orme, of Atlanta, has been interviewed by a reporter of the *Atlanta Constitution*, and a very excellent account of his stewardship on the Homœopathic Yellow-Fever Commission, and what Homœopathy was doing in Georgia, has reached us in that paper.

THE NATIONAL BOARD OF HEALTH.—The Senate has confirmed the nominations of Drs. Hosmer A. Johnson, of Illinois; S. M. Bemiss, of New Orleans; Robert W. Mitchell, of Memphis, and James L. Cabell, of Va.; Henry Bowditch, of Mass.; T. S. Verdi, of Washington. The last is a Homœopath.

On behalf of the Homœopathic Medical College of Missouri, I hereby return thanks to Dr. Theo. Meurer, of New Albany, Indiana, for two photographs of a nude negro man (front and rear views), who in consequence of some dermoid disease, is gradually turning *snow white*. They are sent as a contribution to our college Museum.

PHILO G. VALENTINE, M. D., Registrar H. M. C. of Mo.

An attempt is being made by the Detroit Homœopaths to get a bill passed to detach the Homœopathic Department from the University at Ann Arbor, and move it to some other city. A petition is being circulated, signed by E. R. Ellis, M. D., with this end in view, claiming that the Ann Arbor experiment "has not fulfilled the expectations of its friends, and can not in a generation to come, if ever." The petition recommends Detroit, Grand Rapids and Saginaw to choose from.

THE MILWAUKEE TEST.—This seems to us a fair proposition, but the originator, Dr. Lewis Sherman, has had the artillery opened on him all along the line, from Illinois to Washington, D. C. This is not the way to get at the truth, by opposing methods of investigation and experimentation asked at the hands of the *true believers*. Prof. Adolph Uhlemeyer, of the Chair of Materia Medica, in the Homœopathic Medical College of Missouri, has undertaken to give the test a fair trial, the results of which will be duly reported in the CLINICAL REVIEW.

The tenth annual meeting of the Hahnemann Association of Iowa, will meet May 14th and 15th, at Cedar Rapids.

EDWARD A. GUILBERT, Secretary.

**MORE DOCTORS IN ST. LOUIS.**—E. R. Wingate, Twenty-first and Hebert streets; C. E. Tennant, 1332 Sidney street; Ed. W. Dewees, 1911 Park avenue; H. M. Byers, 800 Carr street; Mrs. M. B. Pearman, 1318 Glasgow avenue; P. A. Terry, Sixth and Montgomery streets; N. Cutter, 2913 Locust street.

These are all new graduates of the Homœopathic Medical College of Missouri.

There were also eleven other graduates this spring, viz.:

J. P. Bahrenburg, Smithton, Mo.; F. K. Dabney, Avoca, Iowa; J. N. Dubois, Newburg, Indiana; Mrs. Susette Dunlevy, Shelbyville, Ind.; T. K. Goodman, Pineville, Ark.; H. L. Poulson, Council Bluffs, Iowa; E. A. Scott, St. Louis, Mo.; A. H. Schott, Alton, Ill.; Wm. H. Steel, Boonville, Mo.; John Weaver, Canton, Ill.; L. E. Whitney, Lincoln, Mo.

**GATHERING OF THE CLANS.**—The most enthusiastic meeting of the Western Academy ever known will be held on the 7th, 8th and 9th of May at the far-famed Lindell hotel in this city. St. Louis will give the surrounding States such a *rousing welcome* as doctors seldom receive when away from home. All the sessions will be held at the hotel, and our lady friends will see that all enjoy themselves at the Thursday evening Reception and entertainment, given by the citizens of St. Louis to the visiting physicians and their families. Reduced rates on the cars, reduced rates at the hotel, and complimentary music, banqueting, promenading and dancing, together with short papers and lively debates at the daily sessions, will make this a memorable assembling of our most scientific and progressive men.

**MEDICAL CONVENTION.**—Western Academy of Homœopathy and the Missouri Institute of Homœopathy. In joint session at St. Louis, Mo., May 7, 8 and 9, 1879.

#### OFFICERS.

**WESTERN ACADEMY OF HOMŒOPATHY.**—President, J. Harts Miller, A. M., M. D., Abingdon, Ill.; First Vice President, Philo G. Valentine, M. D., St. Louis, Mo.; Second Vice President, W. L. Breyfogle, M. D., Louisville, Ky.; Third Vice President, T. Bacmeister, M. D., Toulon, Ill.; General Secretary, T. C. Duncan, M. D., Chicago, Ill.; Provisional Secretary, M. Ayres, M. D., Rushville, Ill.; Treasurer, G. W. Foote, M. D., Galesburg, Ill.

**MISSOURI INSTITUTE OF HOMŒOPATHY.**—President, Philo G. Valentine, A. M., M. D., St. Louis, Mo.; Vice President, W. L. Hedges, M. D., Warrensburg, Mo.; Secretary, D. T. Abell, M. D., Sedalia, Mo.; Corresponding Secretary, W. John Harris, M. D., St. Louis, Mo.; Treasurer, D. D. Miles, M. D., Boonville, Mo.

**BOARD OF CENSORS.**—C. H. Vilas, M. D., Chairman, Chicago, Ill.; T. P. Wilson, M. D., Cincinnati, Ohio; G. S. Walker, M. D., St. Louis, Mo.; M. M. Eaton, M. D., Cincinnati, Ohio; A. McNeil, M. D., New Albany, Ind.

**PAY UP.**—All subscribers in arrearages for Vol. I of the CLINICAL REVIEW are respectfully requested to pay up: and all subscribers for the Second volume, are politely informed that \$2.00 is due and expected in advance.



# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., MAY 15, 1879.

NUMBER 3.

---

## *EMBRYOTOMY.*

BY E. A. DE CAILHOL, M. D., ST. LOUIS, MO.

In the middle of the night, Nov. 28th last, I was called in consultation to a case of dystocia. Patient twenty-eight years of age, tolerably healthy, second child, in labor for thirty hours and nearly exhausted. Pelvis normal, os properly dilated, no rigidity of any of the sexual organs.

After examination, I saw that I had to deal with a case of shoulder presentation.

I learned that the liquor amnii had escaped twenty-four hours before, and that by mistake the attending midwife had prescribed large doses of fluid extract of ergot.

The uterus was in a state of tetanic contraction and the child was dead.

A young physician called in before me, having no instruments, advised them to call me in. We concluded that embryotomy was now the only thing to be done for the safety of the mother.

Having brought my obstetrical instruments along, I immediately proceeded to make the section of the child from the right clavicle to the left ribs, which was done in one minute after Pajot's process.

The operation was so simple and so quickly done that my young colleague was astonished, having never heard about this process. He requested me, for the benefit of the profession at large, to publish the case, being under



the impression that this method of proceeding was practically unknown in America. Hence the present report.

Professor Pajot, impressed with the idea that in cases similar to the one above mentioned, young and awkward practitioners might, possibly, with the embryotomy scissors, injure the maternal parts, concluded to improve and simplify the operation by using a new and harmless embryotome of his own. This is made like an ordinary male catheter, with the difference that the opening ought to be at the extremity instead of on the side. Inside this kind of a catheter a strong whip-cord is introduced, having at one end a perforated, metallic, olive-shaped cap, to fit the end of the catheter.

The instrument being well lubricated, the operator will introduce it into the uterus behind and under the arm of the foetus; after that he has to turn and present the end of the embryotome alongside the neck of the child. When in the desired position, he lets go the twine wrapped around the handle of the instrument, and by its proper weight the olive-shaped cap falls in front under the pubic arch; then, with the help of the dressing forceps he searches for it, and having picked it up, he draws the twine; having in his hands the two ends, passes them through a plain glass speculum that an assistant holds in position in order that the twine shall not hurt or cut the maternal parts, and then commences the sawing, which is done in a very short time. The removal of the sections of the foetus is afterwards a very easy matter.

A simple obstetrical crochet, on the back of which a groove has been carved, or a male catheter of which the end has been filed and capped with a simple rubber ball, would also exactly answer the purpose.

In case any practitioner would like to examine my Pajot's embryotome, I will show it and give all explanations with pleasure, which the limits of this article do not allow me.

Embryotomy, by this simple process, has four different marked advantages, viz. :

1. The possibility of easily obtaining the proper instruments.
2. The extreme facility of its application.
3. The safety of the mother.
4. The rapidity of the operation.—[*Clinical Record.*

---

**ADVANTAGES DERIVED BY WESTERN STUDENTS ATTENDING WESTERN COLLEGES.**

---

*Graduating Thesis of Lawrence E. Whitney, Lincoln, Mo., Class '78 and '79, Homœopathic Medical College, of Mo., St. Louis.*

---

There seems to be a great inclination on the part of a large proportion of the people of the west to look upon their sister states—toward the rising sun—as unto those much their superiors, in almost every respect. They humbly accept the inferior position, and scarcely put forth an effort to become otherwise. This condition is very noticeable in connection with almost every occupation, be it mechanical, commercial, or scientific. Merchants cannot recommend their fabrics unless they are of Eastern manufacture. Mechanics make their designs after Eastern patterns.

Farmers go there for improved stock. But stranger than all else, too many of our young men consider it equally necessary to go there for their education.

This they are influenced to do principally from two reasons :

1st—The supposed, or real superiority of educational facilities, inasmuch as the institutions of learning there are older and more substantially established.

2d—Public sentiment, to a certain extent, demands it. The latter should, however, have less weight in such matters than it really has.

However commendable, or otherwise, this course may be in regard to a scientific education, it is—though hardly

less popular—unquestionably a mistake in relation to a medical education. Science is the same, whether studied in the crowded halls of Oxford, or in the less populous universities of the West, but medicine differs with each league of travel in whatever direction it may be taken.

Medical colleges, wherever located, are for the purpose of preparing men for the practice of medicine; of fitting them to combat the various diseases which they will meet as physicians. Of course, they give their students more or less instruction on all diseases that the human family are subject to, but to such as they will be most often called upon to treat, they naturally pay the most attention. This is the course expected by students, and the only right one. It would be folly for colleges in the North to require their students to devote their time and attention to an exhaustive course of study on the subject of yellow-fever. They would be spending valuable time in a pursuit destined to be of little service to them, as this is a disease peculiar to the southern and warmer climates. So also Eastern colleges would be wasting their Eastern students' time by giving them thorough teaching on all diseases of the West; and as a majority of their students are of the East, and not interested in matters to be of so little importance to them afterward, this course is not followed. Nor could they, even though they desired, give more than a simple didactic course of instruction on these subjects.

They could never present them to the class in their clinics, and *there* is where the student of medicine receives his most practical and lasting instruction.

The whole of the great Mississippi Valley—from the Alleghanies to the Rocky Mountains—is more or less impregnated with malarial poison, which materially changes the nature of all diseases common to both East and West, and also causes other diseases, almost wholly unknown in the East, and consequently, not given much attention by the colleges there. These diseases, in order to be successfully treated, must be made the subject of long and careful study; therefore, physicians who receive this

medical instruction, in these far-off institutions, and come West to practice, are wholly unprepared to do battle against the very foes they most often meet. In our Western colleges the student becomes acquainted with Western forms of disease; he listens to lectures on them; he meets them continually in the clinics.

He learns Western customs; he interests himself in Western affairs; all of which are matters destined to be beneficial to him in the management of a Western practice.

In view of these facts, is it not a matter of most practical importance that every medical student who contemplates practising his profession in the West, should receive his collegiate instruction in the West, and as near as possible to the place of his future practice?

---

*EXTRACTS FROM THE PROCEEDINGS OF  
THE SOCIETY OF ST. LOUIS HOMŒO-  
PATHIC PHYSICIANS AND SURGEONS.*

---

MARCH 24, 1879.

The essayist, not being quite ready to present his paper, Dr. COLLISSON said:

Last Friday I was called to see a young man in the commission business. I found he had had a very severe chill, which was followed by high fever and delirium. The tongue had a thin white coating, and there was nothing unusual about the case except its severity; but at my visit next morning I found the tongue so much swollen as to entirely prevent speech or swallowing, and so livid a color as to excite fears of gangrene. In the evening the swelling had gone down so as to permit swallowing a teaspoonful or so of gruel. On the second day the fever subsided, and the gangrenous appearance had diminished, so that to-day (Monday) he has been sitting up, and would feel pretty well, if he could talk and eat. He had been taking *Cuticura* for two weeks. The case was a strange one to me, and it was a question in my mind whether the *Cuticura* was the cause of the trouble or not.

DR. PARSONS: What have you done for the case?

DR. COLLISSON: I have given Merc. in the day time and Bell. at night, and had the mouth swabbed out as well as the condition would permit, with warm milk and water.

DR. GUNDELACH: Are you sure the patient had taken Cuticura?

DR. COLLISSON: I cannot account for the condition in any other way.

DR. GUNDELACH: I think Cuticura is a salve. There is a "Cuticura-resolvent" that they give internally.

DR. COLLISSON: Perhaps I have made a mistake in the name. The patient had taken the medicine internally, whatever it might be.

DR. CAMPBELL: Have any other of the members seen ill effects from the use of Cuticura? I have seen a young lady who, after having used it a short time for an eruption on the face, was seized with severe pains and cramps in the abdomen, and I believe Cuticura contains arsenic.

DR. VALENTINE: In regard to Dr. Collisson's case, though Bell. and Merc. were excellent remedies for inflammation about the mouth and tongue, I think the gangrenous tendency would have inclined me to use Ars. 6<sup>x</sup>.

DR. PARSONS, essayist for the evening, then read his essay on

#### URETHRAL STRICTURE.

He gave the main points of the anatomy of the parts, noting the difference between the erect and flaccid conditions of the penis, and cautioning against attempts to introduce instruments when the organ is in the former state. He thought the structure and action of the urethra rendered it unnecessary in giving injections, to compress it to prevent the injected fluid from entering further than desired. He referred to the two classes of stricture, spasmodic and permanent, and confined his subsequent remarks to the latter variety.

Stricture is generally venereal, though sometimes traumatic in origin. For its treatment a great variety of instruments are necessary. Of the bougies, the French elastic are preferable, not only for stricture, but for en-

larged prostate. He gave directions for introducing bougies, exploring the urethra, and taking impressions of strictures in wax, etc. He mentioned and described four methods of relief: Gradual dilatation, incision or (internal urethrotomy) divulsion (or rupture) and external urethrotomy. The first two methods are applicable to strictures in the anterior part of the urethra, while the third method, divulsion, is better suited to the posterior part. External urethrotomy is resorted to in impermeable strictures, urinary fistulæ and the like.

While describing these operations, the essayist exhibited and explained Dr. Thompson's dilator and a urethrotome.

DR. HARRIS. I do not think permanent stricture can ever be completely cured. The cicatricial tissue forming the stricture could never be got rid of entirely, and while it remained, restoration was not complete.

The essayist had not referred to the plan of continuous dilatation for the relief of stricture.

DR. HARRIS then briefly described the method, by stating that a bougie of a size to make only slight dilatation, was introduced and kept in the urethra for a day or so, and then a little larger one used, and so on, until sufficient enlargement had been obtained. Absorption of the tissue of the stricture takes place very rapidly from the continued pressure, but this method requires the patient to remain quiet while the bougie is retained.

DR. EDMONDS. I would like to inquire of the essayist as to the relative pain, risk and probability of success attending the two operations of incision and divulsion.

DR. PARSONS. That depends on the situations in which the operations were performed. If incision were made in the anterior portion of the urethra, and divulsion in the posterior, as they should be, there was little pain attending either operation. Hæmorrhage was greater in incision, but there was little when made in the anterior part of the urethra.

DR. COLLISON. Why is there danger of hæmorrhage in diseased conditions of the prostate on introducing a bougie?

DR. PARSONS. I meant to have exhibited a diagram, on which I could have pointed out the curved shape and spongy texture of the posterior part of the urethra, which made the bougie so liable to pass through its wall in the bulbular portion, and penetrate between the prostate and the rectum, but had not done so. In diseases of the prostate and back part of the urethra, there is great danger of this accident, which is to be avoided by hugging the symphysis pubis with the point of the bougie. If it has occurred, it may be detected by introducing the finger into the rectum, when the point of the bougie will be felt next to the rectal wall.

DR. VALENTINE. I want to know what should decide which operation should be performed, incision or divulsion?

DR. EDMONDS. The essayist has answered that question by saying incision in the anterior portion, divulsion in the posterior portion of the urethra. I ask again, concerning the relative danger of the two operations?

DR. PARSONS. There are no statistics on the subject. There was no particular danger in either operation. I have never heard of but one death following an operation for relief of stricture, and in that case there were serious complications.

DR. GUNDELACH. I would ask if medicated bougies were ever used?

DR. PARSONS: They are, but in acute and chronic gonorrhœa; seldom in stricture.

DR. VALENTINE: I have been much interested in this essay by Dr. Parsons. Some years ago I learned something concerning the treatment of gonorrhœa and gleet. I used to try to treat these diseases by internal medication alone, using Cannabis, Canth. Merc., etc., but met with indifferent success in gleet. Then I tried the use of bougies, and found that in those cases I could not cure with remedies there was always stricture. I concluded there was a little ulcer behind the stricture which kept up the discharge. My present plan of treating gleet is to introduce a bougie twice a week, leaving it in about 20

minutes each time, and giving internally Merc. oftener than any other remedy. I begin with bougies as small as necessary, and gradually pass to the larger sizes up to No. 9 or 10. In this manner I have been able to cure all my cases but one, which I now have on hand, and concerning which I have consulted Dr. Parsons, who agreed with me to continue the use of the bougies, with the internal administration of Merc. sol. and Sulphur.

Discussion closed.

---

*SINGULAR CASE OF HYSTERIA.*

---

WM. H. HOLCOMBE, M. D., NEW ORLEANS, LA.

---

Last summer a liberal Allopathic physician in the interior of the State of Mississippi requested me by letter, to prescribe for a strange case of what he diagnosed spinal irritation. The young lady had been afflicted for several months with spasms of an extraordinary character, which, in spite of his treatment, had been increasing in frequency and intensity. These attacks were announced by spells of gaping and irregular breathing—then came muscular contortions of all kinds, fixed look, lasting for many minutes, followed by wild shrieks, long-continued coma, the whole scene occasionally diversified by hysterical outbursts of laughing or crying. The girl was 18 years old, plump and handsome, and remarkably healthy in all other respects. The menstrual function was perfect, but the paroxysms were more severe at that period than any other.

I sent him Ignatia<sup>30</sup>, to be given continuously night and morning, and Agaricus<sup>3</sup>, to be used during the paroxysms only, a teaspoonful of the solution every five minutes. In about a month he wrote me that the medicines had had the most wonderful effect—that she had experienced very few paroxysms, and that they had been greatly shortened in duration and severity. He begged a renewal of the prescription. In another month the Ignatia and Agaricus, as I feared, had lost their effect, and the case



was as bad as ever. I advised him to send her to the city for my personal supervision, and I took charge of the case about Christmas of 1878.

I have never witnessed more astounding and complicated hysterical phenomena in my life. Epilepsy, catalepsy, chorea, tetanus, hydrophobia, apoplexy, ecstasy, somnambulism, spinal irritation, and ordinary hysteria, all seemed to have a hand in producing the constantly shifting panorama of symptoms. It would take a good-sized volume to portray that case accurately. I watched it a month, and saw several awful paroxysms, lasting for eight or ten hours, wearing everybody out, and exhausting my poor therapeutical resources. I could discover nothing wrong in her system, and no cause whatever for the mystery. A whole month had passed away, and she was actually worse than ever.

I happened one morning, when taxing my memory for some new remedy to try, to think of Tarantula, a much discredited article of our materia medica. I took down Dr. Nunez' little work on the Tarantula, translated from the Spanish into the French by Dr. Perry. If I did not find an exact picture of my case, I found enough to convince me that Tarantula was worth trying in cases of hysteria of an unusual and complicated type. I gave her some globules saturated with the 200th dilution. I have never derived any benefit from Bufo for epilepsy, except at the 200th attenuation, and I was prejudiced in favor of that preparation of Tarantula for the present experiment. She took six of the globules before each meal and at bedtime. The effect was astonishing. The whole train of nervous phenomena disappeared in two days. She staid in the city a month longer, and did not have a single paroxysm. She went home happy and rejoicing, promising to write to me on the first intimation of a return of the trouble. She has been gone three weeks, and I have not heard from her.

What are we to think of this case? I believe it was hysteria. I believe the Tarantula cured it. I believe in the curative power of the 200th attenuation.—[*The Medical Counselor*, April, 1879.]

**THE MILWAUKEE TEST.**

---

BY SAM'L POTTER, M. D., MILWAUKEE, WIS.

---

In the April "*Homœopath*," the profession is treated to a brace of arguments against a proposed test of the efficacy of the thirtieth dilution, although the editor of that journal declined to publish the proposition itself. To draw a legal parallel, it would stand thus: The court non-suited the plaintiff without hearing his case; and after having thus thrown the case out of court, admitted the arguments of the attorneys for the defense. The injustice of this proceeding is made more striking by the excuse offered for the editor's refusal of the pamphlet describing the Test, namely: that the "*Homœopath*" never published an article which had been printed, or which had appeared in another journal. Yet Dr. Pearson's "open letter," one of the arguments referred to above, appeared in the "*Hahnemannian Monthly*," fully two weeks before it was published in the "*Homœopath*." It evidently makes a difference (to the editor of the "*Homœopath*") whose ox is being gored!

In the old times, when Homœopathy first lifted its head, and was driven from the professional forum by just such flimsy excuses, which were immediately violated for the benefit of the other side, it appealed to public opinion through the secular press—with what success is manifest to-day. Must the Milwaukee Academy of Medicine also appeal unto Cæsar? The answer lies with the editors of the medical press.

The editorial attack in the "*Homœopath*" asserts several facts regarding the proposed Test, which are not warranted by the language of the proposition; and as the readers of that journal have not had an opportunity of examining the latter, I may be pardoned the following comparison. It is evident that the editor had not given the Test a careful examination, as he would not, in that case, have fallen into the egregious errors indicated by the italicised words.

## THE EDITOR OF THE HOMŒOPATH.

"They propose to issue ten vials  
\* \* \* nine (saturated) with  
pure alcohol, *or nothing at all.*"

"Each recipient is expected to  
be able, by means of *having test-  
ed the pellets upon himself*, \* \* \*  
to designate which vial contained  
the remedy."

"Now, what potency is it pro-  
posed to use? \* \* \* It would  
certainly be absolutely necessary  
that we should first determine and  
agree upon what is a potency."

"Is this a *proving* of the drug?"

## THE MILWAUKEE ACADEMY.

"Nine similar vials moistened  
with pure alcohol \* \* \* shall  
be given to the prover."

"It shall be his task to deter-  
mine which of the ten vials con-  
tains Aconite."

"A vial of pure sugar pellets,  
moistened with the *30th Hahne-  
mannian dilution*, \* \* \* shall  
be given to the prover."

"The plan proposed for *testing  
the efficacy* of the 30th Hahnemann-  
ian dilution."

The editor assumes that the Academy proposes to prove drugs. The Academy proposes nothing of the kind. It makes to the blatant high-potency advocates the same proposition that a skeptical student might fairly make to a teacher of chemistry or electricity, asserting the existence of chemical or electrical force. "*Demonstrate it! Here are the tools!*" Suppose the teacher of physical science drawback from the battery and the reagents; saying in response, "It is not necessary; it has been proved to my satisfaction. I can not see any benefit to be derived from such an experiment." What would be the verdict of the class and the profession? Certainly it would be somewhat like Dr. Pearson's verdict on himself: "Either a fool or a rascal." Yet this is what the editor of the "Homœopath" and its Washington letter-writer actually say in regard to our appeal for a crucial experiment—they offer us "cures" for demonstrations. We have "asked for bread," and they have given us a stone. In the light of all honest experience, of all the facts of medical history, all the conclusions of philosophy, we unhesitatingly answer, "cures are not demonstrations!" "Cures" followed the touch of a kingly hand, or of a magician's wand; "cures" followed the use of Perkins' metallic tractors, the uplifting of the eyes to an image—the rubbing of an ointment on the weapon inflicting a wound. "Cures" have been the stock in trade of quacks in all lands during all the ages. "Cures" have followed

upon the exercise of every expedient which the rascality or credulity of man could devise. Why should they not follow on the administration of sugar of milk labeled Phos. <sup>200</sup>? Whether the relation be that of cause and effect, is altogether another question.

Talleyrand said that language is "a means of concealing one's thoughts." The editor of the "Homœopath" must have had this saying of the great diplomat in his mind when he penned the following paradox: "The 30th potency, a highly attenuated dilution." He evidently is not a "true Hahnemannian," for "the Master" and his Apostles all held that a potentized drug is best made without attenuation, such being, in fact, the process of those fathers of the high potencies, Korsakoff, Jenichen, Gross and Hering.

As usual with his school, the editor winds up with an assertion of his individual experience, evidently intended to be crushing. He says that "a well-selected remedy will often fail \* \* \* in the 30th, and cure in the 200th, and *vice versa*." He is not so positive in his opinion as to the effects of mercury in the case reported by S. M. D., in the same issue of the "Journal," where the evidence is clearly presented. But can the editor or any other high potency Homœopath tell us *when* the 200th will cure? Formulate the law for the selection of the potency, gentlemen, if you can! If, as you say, the "cures" have been amply sufficient to establish the fact that these preparations have drug-power, why have they not led to even a hint at the *Law for Selection of the Potency*, to take its seat inside the Law for the Selection of the Remedy?

The "open letter" of Dr. Pearson (clipped from the "Hahnemannian Monthly" by the "Homœopath," without acknowledgement), has all the signs of the city of its birth, together with an evident emulation on the part of its author, of the Picric (Pickwick) style of a certain Western professor of blackguardism. Dr. Pearson assumes that he is either a "fool or a rascal," in a certain contingency, and respectfully declines to prove

which. If he is "a fool or a rascal," and declines to enter on the Test for fear of its proving him to the world what his conscience suggests to himself; the Milwaukee Academy can only accept the reason as a very ample one, and thereupon excuses him, feeling quite certain, however, that he is *not* "a rascal."

Many years ago a medical student is reported to have made a somewhat similar proposition to his preceptor, a then eminent practitioner in Valladolid, Spain. His reply makes an interesting commentary on that of Doctor Pearson.

DR. PEARSON, OF WASHINGTON.

"If I have known that the medicines I have been using for thirty years were inert, I have been obtaining money under false pretenses, and am dishonest. If they are inert, \* \* and I have failed to make the discovery, I must be incapable of forming a rational conclusion on any subject. I beg most respectfully to decline."—*[Amer. Homœopath.*

DR. SANGRADO, OF VALLADOLID.

"I would willingly give it a trial, if it were a matter of indifference, but I have published on the practice of bleeding and the use of drenches. Would you have me cut the throat of my own fame as an author? \* \* Our enemies must not gain the triumph over us; they would say you were out of conceit with your own system, and would ruin your reputation for consistency."—*[Gil Blas, B. II. Ch. V.*

How beautifully do these eminent men agree on the "true inwardness" of this question!

The doctor then asks, "Suppose I get no results from any of them; what then?" This is a fair question; but he falls into the error of answering it for the Academy, and by an assertion for which he has no warrant. He replies: "You say, and tell the world, that there is nothing in the 30th attenuation." Where and when have we said so? For my part, I would, in that case, simply count the doctor out, marking his evidence, like his argument, "worthless." Others may think that such negative results should be counted against the efficacy of the so-called "potency." The Academy propose to submit all the results to some man of national reputation in this specialty of probabilities, such as Professor Newcomb, of the Naval Observatory; Professor Peck, of Columbia College, or Pierce, of the Coast Survey.

According to the doctrine of probabilities, ten per cent. of the experimenters will *guess* the result correctly. When this quantity is eliminated, the preponderance of probability for the inertness has ended, and every further correct result increases that for the efficacy of the dilutions; the probability, therefore, increasing in a rapid ratio, as the number of correct results increases. This may be illustrated to the eye by a curve, somewhat like that appended, crossing the question from positive to negative



probability, at the 10 per cent. of experimenters. Representing the probability in favor of the efficacy of the 30th by  $x$ , the value of  $x$  would increase with every additional correct result above the point marked  $o$ . At this point  $x$  would equal zero, while below it  $x$  would have, if any, a minus value. Of course there can be no absolute determination of the efficacy or inertness, such being impossible from the nature of the case; in theory the curve always approaching, but never meeting the extreme ordinates, as it departs towards infinity. The question, like all inductions in physical science, is wholly one of

For M

probabilities. If one hundred high potency men enter on the experiment, and forty Pearsons get "no results," and should be (according to my view) laid aside for the time being, there would be left sixty, of which 10 per cent., or six, would have no value, as above explained. If, then, seven out of sixty select the medicated vials, there will be a very slight probability in favor of the efficacy. If eight or nine are correct, the probability will be increased, and so on, the value of  $x$  increasing enormously with every additional correct report. If sixty to ninety per cent. give correct results, the theory will be practically demonstrated. Yet Dr. Pearson confesses his fear that his side will not get enough to establish the probability of what he knows to be "a fact." Truly he can have but little faith in the power he claims for the 30th, when he stigmatizes the above proposition "a fruitless task, and as a death-thrust at Homœopathy—one that its vilest enemies have hitherto failed to equal." Afraid, Doctor, that out of one hundred high-potency men experimenting with their pet drugs, you cannot get seven who will be able to recognize their own children! Is it the efficacy of the "potencies," or the ability of your colleagues that you distrust?

The closing paragraphs of this open letter are tuned in unison with the war cries heard at every society meeting, and seen in every journal, whenever and wherever the High-Potency Question comes under consideration. The appellations, "*Traitor!*" "*Enemy!*" "*Eclectic!*" are the substitutes for scientific argument, which these self-called "consistent Homœopaths," hurl at those who decline to be enslaved by their wondrous "cures." Advices to abandon what these Pharisees call "genuine Homœopathy," usually follow, and Dr. Pearson's letter is no exception to the rule. Doubtless, like the rebels in 1861, they would be delighted to be "let alone," to have all scientific inquiries eliminated from the Homœopathic ranks; that, sitting down under the dark pall of superstitious veneration for every rag of theory or whimsical speculation, which can be traced to "the master's" brain,

NOU

resting in the slough of besotted and unquestioning dogmatism, they may worship their fetich, with no rude testers to disturb their peaceful slumber, no trumpet-call for dangerous experiments. But, unfortunately for their claims, the shadow of the venerated name of Hahnemann is not cast over their practices. Their stating so does not make it true. Hahnemann, by words and deeds, distinctly repudiated the very heart of the high-potency delusion. By words, when he commanded his followers to stop at the 30th, saying, "The thing must end somewhere, it cannot go on to infinity."\* By acts, in the use he made of drugs in his practice, rarely giving the 30th, never going beyond it; and, in the main, keeping at low attenuations during his entire life.† The genii, whose processes and theories shelter Dr. Pearson and his school, are the Sarmatian Count, Korsakoff; the horse-jockey, Jenichen; the lunatic "infector," Gross; and the Isopath, Constantine Hering.‡

The "maiden name," which Dr. Pearson is anxious should be adopted by the members of the Milwaukee Academy, is one which every truly scientific physician will welcome. By this I do not mean that so-called "Eclecticism," which, professing to be liberal, binds its members in the dogmatic shackles of a creed of negatives; but that true Eclectic liberality, which flings to the winds all dishonest pretension; and, in the words of the resolutions of the New York State Homœopathic Society, would "exercise and defend the inviolable right of every educated physician, to make practical use of any established principle in medical science; or of any therapeutical facts founded on experiments, and verified by experience."

Whatever Dr. Pearson and the editor of the "Homœopath" may think of the advantages to be derived from the proposed test, it will certainly be carried out to the bitter end; and, as it is believed by many of the best men

\* Letter to Dr. Schreter, Didgeon's Lectures, page 407.

† Op. Cit. pp. 400-408.

‡ Op. Cit. pp. 351-357 and 143.



in the Homœopathic ranks, will accomplish much, whatever its result, in the direction it will give to our observation of the complex results arising from a plurality of causes—as seen in the phenomena of life. John Stuart Mill, the prince of modern logicians, in discussing this question, says, of the operations necessary to establish a complete deduction, that they are three: “the first, one of direct induction; the second, of ratiocination; the third, of verification,§ without which (verification) all the results have little other value than that of conjecture.”¶

This final, crucial operation, is sought to be applied by the Milwaukee Test. The manner of its reception by many of those who have most to gain from it, *if their claims are true*, puts one in mind of the class described in the hackneyed yet pungent aphorism, “*quos Deus vult perdere prius dementat.*” (“Whom the Gods wish to destroy, they first make mad.”)

---

### CLINICAL CASE.

---

The following case is one of peculiar interest, showing the wonderful influence of these waters on the *nutritive* and *assimilative* functions of the system.

Mrs. J., aged 31, lymphatic organization predominant; cervical glands very greatly enlarged; had given birth to two children in the past four years—one “still born,” and the other living but a few hours.

Was now two months pregnant with third child, and with no hope of any better results than before. In the spring of 1876, her husband wrote me, stating all these facts. I was satisfied this mother did not possess the elements to give to her child a good organization, and, knowing the value of these waters in building up a new body, I advised a trial. I felt satisfied that the elements that that unborn child required to give life and health, and afterwards an independent existence on this earth,

§ Mill's Logic of Induction, Book III., Chap. X., Secs. 6-8.¶

¶ Op. Cit., Book III., Chap. XI., Sec. 3.

was not to be obtained from that mother, and could be supplied from these waters.

The lady used these waters daily for four months—bathing or drinking—and went home very much benefitted in general health, and at “full term,” was delivered of an active, well-formed child.

DR. JNO. B. BROOKS.

Hot Springs, Ark., April 24, 1879.

---

*IS IT IDENTIFIED?*

---

*A Supposed Germ of Yellow Fever which Attached Itself to a Glass in New Orleans.—It is not thought likely to return this year.*

---

[St. Louis Republican, May 12, 1879.]

Dr. Walter Bailey, Sr., of New Orleans, who is now in the city, stopping at the Lindell, has in his possession what he believes to be a real yellow fever germ. Looking at the particles through a microscope it appears to be a cloudy-colored substance, divided in all directions by lines or fibres taking the form of a grape-vine, which are somewhat darker in color than the main body of the substance. Scattered about these lines, irregularly, are several specks or spores of a dark brown, with a minute light speck in the center. The germ, which has formed upon the inner surface of the lower glass in the eye piece of the microscope, is invisible to the naked eye; but when a certain focus of less power than that under which the above description is made is obtained, the particles resemble dust, mixed with linen fibres.

As to the origin of the substance, Dr. Bailey states that it so happened that he took out his microscope and cleaned it about the first of September last, when the yellow fever was raging in an epidemic form in New Orleans, and, after carefully rubbing and drying the glasses with a chamois skin, the instrument was closed up and laid away in a dry place in the wardrobe, where it remained until five weeks later, when, upon tak-

ing it out to examine some urinal deposit in a case of Bright's disease, nothing could be seen but the peculiar half-transparent substance which appeared upon one of the glasses. After examining the glasses carefully, the Doctor came to the conclusion that the object on the glass was a sort of vegetable of the fungus order which had grown upon the inside of the microscope after it was closed up and put away. He is certain that the glass was perfectly clean when he put the instrument in the wardrobe, because he remembers distinctly that he looked through carefully to see that it was all right, it being his sole purpose to have it ready for use. He states that after residing in New Orleans and practising among yellow-fever patients for more than twenty years, he had come to the conclusion that the germ from which yellow fever had its origin was of vegetable growth, and he at once guessed that the formation had something to do with the origin and spread of yellow fever, for it readily occurred to him that he had fixed the instrument during yellow-fever time.

In order to further satisfy himself of the nature of the substance in his microscope, he took it down to Dr. Hummel's, a place on Canal street, New Orleans, where such instruments are kept, and subjected it to a more powerful instrument. Dr. Hummel, and numerous others, were at once satisfied that the substance was of vegetable growth.

The Doctor's theory as to the origin of yellow-fever is that the small dots or spores in this invisible fungus contain a fine powder, which is cast into the air by the bursting of the small bag which contains it. This powder, being inhaled, causes a fermentation of the blood, which produces the fever.

The instrument has never been opened since the particles formed within it.

The proof, of course, is not positive that the germ is that of yellow-fever, but the chances that it is such are thought to preponderate. The growth is something unknown, and was formed in an atmosphere surcharged with yellow fever poison, in whatever form that poison

may exist. It is a vegetable germ, and if not the germ of yellow fever, it is hard to say what it is.

The remarks of Dr. Bailey, on yellow fever, at the late Homœopathic Convention in this city, have already been reported in the "Republican," and formed a very interesting lecture. At the same convention another gentleman, Dr. Edmonds, of St. Louis, spoke on the topic, and made one point of special note, giving reasons for believing that there will be no return of the disease this year. He spoke as follows:

"My experience in the disease is confined to the epidemics of 1867 and 1873, at Memphis, Tenn. From all accounts these epidemics were milder than that of 1878. In 1873 the cases were more numerous and the fatality greater than in 1867. In the 1873 epidemic, "black vomit" was not of very frequent occurrence. The febrile stage was easily managed in the use of Gelseminum, Veratrum Viride, Aconite, Belladonna, Tartar Emetic, with the free use of liquids to allay thirst and the topical application of mustard. There seemed to be a willingness to take hot fluids instead of cold ones, such as orange-leaf, sage, balm and catnip tea. They acted well in allaying thirst and inducing perspiration. Gelseminum was preferred in cases with much gastric disturbance and great muscular aching and pain. Veratrum, beside, claimed preference where cerebral disturbance with delirium was prominent. Aconite, in cases of great febrile violence, but with little or no gastric or brain distress. Belladonna, in cases of great redness of the eyes, flushing of the face and much headache. Tartar Emetic did well in cases of nausea and vomiting. In the febrile stage there was a sort of popular clamor for something to move the bowels, which was met in the use of an enema of warm water, or, where preferred by the patient, the exhibition of castor oil or citrate of magnesia. The state of depression, or apyrexia, was best managed by the moderate use, at short intervals, of beef-tea and brandy, with perfect quietude in the recumbent posture.

"One of the earliest and most usual indications of

danger was the arrest of the urinal secretion. This symptom, if not promptly relieved, was followed by congestion, rapid collapse and death in twenty-four to forty-eight hours from the first intimation of danger. Probably the only original idea or observation of any importance eked out during my experience was *Digitalis* in massive doses for the restoration of the urinary secretion. As well as I now remember, in every case where I used the remedy within six hours after the appearance of trouble, relief was obtained. I gave 15-drop doses every two hours until the secretion was restored. Where much congestion and a tendency to collapse got the start the cases all died. I have been greatly surprised to find no allusion to such use of the remedy in the late epidemic.

#### INTERESTING FACTS.

“ One of the most interesting cases in many respects, when, as I supposed on the very verge of a hopeful convalescence, passed into a slow, mild fever of an obstinate kind, followed by a pyæmic condition, attended with numerous large abscesses in various parts of the body, and wound up in death after a three months' torture.

“ In regard to the origin and propagation of the disease, I strongly incline to the opinion that it is indigenous to many localities of our Southern borders, and that under certain favorable conditions it may and does originate and prevail independently of any communication with other sources of infection or contagion. So that we have just as little need for going to Cuba for our yellow fever supply as for our stock-in-trade with chills and fever. The favorable conditions are a short, mild winter, a wet spring, and a long, hot summer. Whenever these conditions prevail in the order mentioned, our Southern localities will be liable to yellow fever visitations in spite of all the quarantine regulations that the ingenuity of man may contrive. Hence I do not expect New Orleans, Mobile, Charleston, or Memphis, ever to be permanently exempt from the disease. Of course bad hygienic and sanitary conditions will act as aggravants to the activity of the peculiar germ or poison. This is equally

true of any other prevailing sickness, as dysentery, cholera, small-pox, diphtheria, and scarlet fever.

NO CAUSE FOR FEAR.

“I do not think our Southern brethren need fear a visitation next summer or fall. Two of the conditions have already failed. They have had an unusually severe winter and a dry spring; the other condition—a hot summer—should it happen, will be insufficient for Yellow Jack’s fell purposes. I do not believe the disease contagious or communicable from person to person in the sense of contagion, as in small-pox or scarlet fever. Take a well-marked case of fever at New Orleans or Memphis, and, by washing and fumigations, divest him of New Orleans atmosphere, and send him with all dispatch to St. Louis, and I do not believe it would ever produce a case of fever here. But ship a cargo of New Orleans atmosphere to St. Louis, and empty it out at the wharf, and those in place to receive and appropriate the consignment may give us a few cases of sporadic fever; and, should the atmospheric condition be favorable to germ propagation, we might have an epidemic prevalence, precisely as it happened to New York, Norfolk, and Philadelphia. This peculiar climatic and atmospheric constitution in our northern latitudes, happening in conjunction with such importation, is so improbable as to render epidemics of the kind with us a rare exception, rather than the rule. Experience, I think, will ultimately go to show that the disease is indigenous at but few points north of the southern boundary of Tennessee. If proper, I should state in this connection my views as to mode and cause of prevalence and propagation. I have recently been partially preceded by my particular friend Dr. J. P. Dake, of Nashville, Tennessee.”

The paper was received with applause.

---

Among the many eminent Physicians from far-away places, we were especially pleased to see in attendance at the joint-convention, were Drs. J. P. Dake of Nashville, Tenn., Walter Bailey, Sr., of New Orleans, Lewis Sherman of Milwaukee, and A. E. Higbee of Minneapolis.

## **Editorial Jottings.**

---

The late joint-convention of the Western Academy of Homœopathy and the Missouri Institute of Homœopathy, which closed in our great city on the afternoon of the 9th of this month, was a most gratifying and memorable event. The "*rousing welcome*" foretold and foreshadowed in the *April Review* to all visitors, was given in all its comprehensive significance and cordiality by the Homœopathic representatives of St. Louis, both ladies and gentlemen, both professional and non-professional. Once more has St. Louis honored itself by honoring those who visit here with lavish hospitalities, whether they be pleasure-seekers, business-hunters or science-promoters. Easily accessible by river and rail and in the very heart of this midland country, a convention here of any kind, which involves the well-being of the Western people, never fails to be large and enthusiastic and of the very best in intellectual standing.

The one just over and gone is no exception to the general rule, and will long remain a pleasant memory.

The number of delegates present were 85 by actual count, and their names were taken by the committee on credentials. Of these, five were lady physicians holding diplomas. These delegates came from Minnesota, Iowa, Wisconsin, Illinois, Indiana, Ohio, Tennessee, Louisiana, Michigan and Missouri. Thus were gathered here in one common brotherhood, for a common cause (medical and sanitary science), dwellers on the great lakes and on the great rivers, dwellers near the almost tropic gulf and near the sources of the Mississippi. In the presence of such mighty men, of the loftiest thought and purest motives and wise from vast experience in the deadliest maladies that destroy mankind, our cause took a tremendous forward step and the results for great good in the near future will be beyond calculation.

It was a harmonious assemblage, sparkling with learning and wit, and often brilliant in ready debate, greatly

to the enlightenment and edification of all present. There will be an official publication of the papers and proceedings of this joint-convention, either in book form or in the medical journals in about three months by the Publication Committee, Drs. A. S. Everett, P. G. Valentine and Wm. C. Richardson, all of St. Louis.

The Forenoon Session began by a welcoming address, delivered by Prof. Ambrose S. Everett, President of the St. Louis Society of Homœopathic Physicians and Surgeons, and a happy response by J. Harts Miller, of Abingdon, Ill., the President of the Western Academy of Homœopathy. There was a paper read by Dr. J. T. Boyd of Indianapolis, on Ergot, which created some merriment and provoked some remarks by Drs. A. E. Higbee of Minneapolis and M. M. Eaton of Cincinnati. Dr. N. A. Pennoyer of Kenosha, Wis., read a long paper on Rest in Nervous Diseases.—Discussed by Dr. T. C. Duncan of Chicago. Dr. J. Martine Kershaw of St. Louis presented two papers which were elaborately illustrated by diagrams. The name of the first was The Differential Diagnosis of Diseases of the Spinal Cord, the second: Some Symptoms of a Nervous Character, dependent on Caries of the Spine and their cure by Mechanical Treatment.—Discussed by Drs. Duncan, Eaton, Pres. Miller and Lewis Sherman of Milwaukee, Wis. The Pharmacy Bureau had but two papers, one from Dr. T. D. Williams of Chicago, read by the secretary, Dr. T. C. Duncan, arraigning the American Institute and the Pharmacies for neglect of duty in the correct preparations of Homœopathic remedies, and the other from Dr. W. Jno. Harris of St. Louis on Time to gather our Flora. A spirited discussion followed Dr. Williams' paper, on the propriety of patronizing Old School Drug Stores, and many were the speeches opposing it, on account of the impurity of the drugs thus procured, even though furnished by some Homœopathic Pharmacy and kept on sale at the shops. The prevailing sentiment was to stand by our own Pharmacies and that it was a little questionable for them to open agencies where drugs other than Homœ-



opathic are kept on sale, though often it was a matter of great accommodation to the layman.

The Bureau of Materia Medica presented two valuable papers, one by Prof. Adolphe Uhlemeyer of St. Louis on Lappa Major Provings and Cures, the other by D. T. Abell of Sedalia, Mo., on Indigenous Remedies. The Bureau of Surgery followed, and Prof. S. B. Parsons of St. Louis exhibited a case of Hare-lip, sent by Dr. W. E. Green of Little Rock, Ark., and asked the opinion of the convention as to an operation; he also furnished a paper on Posture of Patients during Surgical Operations and Treatment, and another on the Dangers of Esmarch's Bandage. Dr. W. D. Foster of Hannibal, Mo., read two papers, one on Fibroid Tumor of the Uterus and the other on Traumatic Stricture of the male Urethra. Dr. B. Bell Andrews of Astoria, Ill., exhibited a young lad who had Anchylosis of the knee-joint, caused by a circular saw. Many physicians examined the case, and finally passive motion was advised and the Bureau closed.

The afternoon session of the second day, Thursday, was devoted to Gynæcology and Pædology. Two most interesting papers under the first head were read and discussed lengthily by various members. Mrs. M. B. Pearman's article on Dysmenorrhœa created quite a sensation, as well as Dr. T. G. Comstock's paper on Endometritis. Mrs. Pearman is a new St. Louis graduate, and Dr. Comstock's name is known far and wide wherever Homœopathy has extended, at home or abroad. The discussions that followed were carried on spiritedly by Drs. Eggert, Edmonds of St. Louis, Higbee, Petrus Nelson of Minneapolis, Andrews of Ill., J. M. Larabee of Maryville, Mo., Boyd, Eaton, W. C. Richardson of St. Louis, A. E. Griveaud of St. Louis, and Comstock making the closing speech.

M. M. Eaton then read a paper entitled Hints on Gynæcology: this was discussed by Drs. Richardson and Eggert. Dr. W. A. Edmonds then read a paper on Eczema of the Scalp in children, claiming Arsenicum to be the Similimum. Discussed by Dr. Boyd, who recom-

mended Tar-water to the scalp, Dr. E. M. M'cAfee of Clinton, Iowa, who cured it with Sol.<sup>80</sup> and Graphites <sup>200</sup>; and T. C. Duncan, who considered the whole affair as mirrored in the tongue, and the primary cause to be sought in the alimentary canal, and the treatment addressed thereto; and then sailed off into his theory of *sourness and saltiness*, and left us all in confusion between regimen and remedies. Dr. D. T. Abell of Sedalia, Mo., had cured several cases with acetic acid applied to the scalp locally. Dr. Duncan read a paper on Enteritis and Cholera Infantum.

In the forenoon of Friday the Bureau of Ophthalmology and Otology presented three most excellent papers, which were read by their respective authors and illustrated on a black board; Dr. C. H. Vilas of Chicago, on Overflow of Tears; Dr. J. A. Campbell of St. Louis, on Foreign Bodies in the Ear; T. P. Wilson of Cincinnati, on Asthenopia, being studies on weak eyes; no discussion ensued.

The afternoon of Friday was taken up mainly by the Bureau of Clinical Medicine, and a paper on Sanitary Science in Public Schools, contributed by Dr. J. A. Campbell, a paper by S. B. Parsons on Ventilation in Public Schools, a paper by Dr. Kershaw on Some practical hints in the treatment of Nervous Affections, and one by Dr. W. A. Edmonds on Yellow-Fever experiences. The Sanitary papers were ably discussed by Drs. Duncan, G. W. Foote of Galesburg, Ill., Kershaw, Campbell and H. W. Roby of Chicago, Parsons and Edmonds, the latter making by far the best off-hand speech of the convention; a stirring appeal on behalf of little children who ought to be kept away from school till they are ten years of age and allowed to grow and vegetate naturally in open air and sunshine. (prolonged applause).

One entire evening session, Wednesday, was assigned to the Bureau of Registration, Legislation, Education and Statistics, in order to get the Homœopathic news from all the cities, states, colleges, societies, hospitals, journals, dispensaries, pharmacies, authors and publishers. It was

a happy thought, and the information gained was truly refreshing. Drs. Duncan, Vilas, Roby and Miller spoke for Illinois; Eaton and Wilson for Ohio; Boyd and Eggert for Indiana; Higbee for Minnesota; R. F. Baker for Iowa; Kershaw for St. Louis; Cummings for our College Dispensary; Comstock for the Good Samaritan Hospital; Campbell for England and France; J. P. Dake for Tennessee, and P. G. Valentine for the whole country, but more especially for the Mississippi valley as a whole. It was learned with great pride and pleasure that our cause was gaining ground everywhere, and that high places of trust, honor and emolument were accorded to physicians of our school in nearly every state and city represented in the convention. That during the past year there had been an advance movement all along the line, from the Potomac to the Sacramento, of over 4,000 miles of hills, vallies, mountains and plains, and that in the presence of a gallant foe, hotly contesting every inch of ground. New conquests had been made in the line of Yellow-Fever Commission work and in National and State Boards of Health, all of which are guerdons of a fruitful future.

At various times during the convention the subject of Yellow-Fever came to the front and three articles were read on the subject; one by M. M. Eaton, one by Walter Bailey, Sr., of New Orleans, and one by W. H. Edmonds. All of these found their way into the daily papers and thus became public property. Drs. Dake of Nashville, Wilson of Cincinnati and Cummings of St. Louis, made interesting speeches on the same subject, touching upon the views of the profession regarding quarantine, infection, communicability, prevention, the germ theory (animal or vegetable), and the wonderful success of Homœopathic treatment of this the most deadly of all diseases of the lower Mississippi and Mexican Gulf.

In regard to the grand reception given at the Lindell Hotel on Thursday night, nothing but a society article in a society paper could do the subject justice. It was managed chiefly by Dr. G. S. Walker of our city, and the

ladies he called in to his assistance ; and was a pronounced success in every particular, gratifying and edifying to all who participated ; the promenading, banqueting, music and dancing continuing till two o'clock in the morning.

Minneapolis was chosen as the next place of meeting, in June, 1880. Dr. G. S. Walker, St. Louis, was elected President ; C. H. Vilas, Chicago, 1st Vice-President ; J. T. Boyd, Indianapolis, 2d Vice-President ; R. L. Hill, Dubuque, Iowa, 3d Vice-President ; C. H. Goodman of St. Louis, General Secretary ; H. W. Roby, Chicago, Provisional Secretary, and G. W. Foote of Galesburg, Ill., re-elected Treasurer.

*Board of Censors:* A. E. Higbee, R. F. Baker, P. G. Valentine, J. A. Campbell and T. P. Wilson.

Dr. A. S. Everett was appointed delegate to the American Institute of Homœopathy, at Lake George, June 24th, next.

The following new members joined the Western Academy during the session : W. L. Hedges, Warrensburg, Mo. ; P. B. Hoyt, Paris, Ill. ; B. Bell Andrews, Astoria, Ill. ; L. A. Simons, Mt. Pleasant, Iowa ; Mrs. M. B. Pearman, St. Louis ; J. M. Larabee, Maryville, Mo. ; E. A. de Cailhol, St. Louis ; A. S. Everett, St. Louis ; H. W. Roby, Chicago ; Stephen N. Sanders, Attica, Ind. ; J. C. Cummings, St. Louis ; D. V. Van Syckel, Canton, Mo. ; J. P. Garvin, Ill. ; J. P. Willard, Jacksonville, Ill. ; W. G. Hall, St. Joseph, Mo. ; Walter Bailey, Sen., and Walter Bailey, Jr., of New Orleans ; T. M. Triplett, Pana, Ill. and W. C. Dake, Nashville, Tenn., in all nineteen.

President Miller appointed chairmen to the different Bureaux for next year the following : Sanatary Science, G. W. Foote, Galesburg, Ill. ; Psychological Medicine, G. W. Bowen, Ft. Wayne, Ind. ; Pharmacy, Lewis Sherman, Milwaukee, Wis. ; Obstetrics, D. W. Harts-horn, Cincinnati, O. ; Materia Medica, Adolphe Uhlemeyer, St. Louis ; Surgery, A. E. Higbee, Minneapolis ; Legislation, Registration, Education and Statistics, R. L.

Hill, Dubuque, Iowa; Gynæcology, W. Eggert, Indianapolis; Pædology, W. A. Edmonds, St. Louis; Ophthalmology and Otology, J. A. Campbell, St. Louis; Clinical Medicine, R. F. Baker, Davenport, Iowa; Provings, D. T. Abell, Sedalia, Mo.

On Friday at 12 m. the Missouri Institute of Homœopathy met in parlor 22, at the Lindell Hotel and transacted some important business, received seven new members, and appointed the following chairmen to the different Bureaux: Surgery, A. S. Everett, St. Louis; Materia Medica, Lawrence E. Whitney, Lincoln; Clinical Medicine, J. Martine Kershaw, St. Louis; Obstetrics, W. L. Hedges, Warrensburg; Climatology and Prevention of Diseases, D. D. Miles, Boonville; Ophthalmology and Otology, Jas. A. Campbell; Education, D. T. Abell, Sedalia; Committee on Necrology, W. C. Richardson, St. Louis, and W. H. Jenny, Kansas City.

Election of officers resulted as follows: President, W. L. Hedges, Warrensburg; Vice-President, D. T. Abell, Sedalia; Gen. Secretary, W. D. Foster, Hannibal; Provisional Secretary, W. Jno. Harris, St. Louis; Treasurer, D. D. Miles, Boonville (re-elected).

P. G. Valentine was appointed to procure a design for a suitable seal and certificate of membership for the Institute, and the old Board of Censors were re-elected. The society then adjourned to meet in Hannibal on the first Wednesday in November, 1879.

---

### **Books Reviewed.**

---

SYSTEM OF SURGERY, BY WILLIAM TOD HELMUTH, M. D. Third edition, revised and corrected. Boericke & Tafel. New York.

The author of this exceedingly valuable and instructive work on the principles and practice of surgery, according to Homœopathic therapeutics, our former townsman and friend, but who is now removed to the busy, bustling city of Gotham, with its innumerable

workshops and manufacturing interests, rich fields for the practical surgeon, has again made his debut to the profession as author of a third edition of his *System of Surgery*, enlarged, revised and improved.

The work is printed on heavy tinted paper, full page and of clear and distinct type, and contains 1,000 pages and 566 illustrations, and taken altogether, is a decided improvement on former editions, both in matter and appearance.

We have carefully compared it with the standard Allopathic authorities of the present, and can cheerfully testify to its advanced status, touching most, if not all, the recent and improved processes of the chirurgic art. We have traversed its pages carefully, comparing them with Hamilton, Holmes, Bryant, and others, and in the freshness of its matter, terseness of expression and clearness of discussion, we can unhesitatingly affirm that it stands at the very head and front of surgical literature of the present day.

The opening chapter on Inflammation and its Consequences is fully up to the most advanced authorities on this important and all absorbing subject, and is even superior in our estimation to most of the works quoted above. We have carefully studied and compared its therapeutics and find the remedies recommended most reliable and accurate. The student will not be compelled to wade through a host of remedies with their nicely shaded symptomologies, as occurs too often in our works on practice, to find the *similimum* to any given disease. Here, we think, Prof. Helmuth has shown a degree of excellence worthy of imitation by our future book-makers, whose great research would seem to consist in the multiplication of remedies, rather than their strict adaptability to the diseases they represent. To such an extent has this practice been carried, that we think, too often disappointment and chagrin has followed the reference of the busy, driving practitioner. Give us the fewest remedies, say we, and let those be the most reliable and carefully selected.

Chapter III., on "Traumatic Fever," "Septicæmia," "Pyæmia," etc., etc., contains the observations and researches of the latest authorities, and brings us up to the highest grades of attainment in this direction.

Chapter VI. on "Tumors," "Innocent," "Semi-Malignant" and "Malignant," and their classification, leaves little to desire, either in medical or operative treatment, while the clinical and microscopical teachings, differentiation, etc., etc., are brought up to the advanced standard of scientific research.

Chapter VIII. on "Venereal Disease" is concise and eminently practical, and contains the pith of the most acceptable practice of the present time.

Chapters XI., XII. and XIII. on "Wounds and their Treatment," and the "Means and Instruments for Arresting Hæmorrhage," is the equal, if not the superior, to any general treatise yet published; but its concluding article on "Transfusion of Blood" is entirely too elementary, we think, for the great benefit and value this comparatively new procedure holds out to suffering humanity; for the most brilliant results have followed this valuable operation in the hands of the writer of this paper, and we should like to have seen more in this direction from the pen of the distinguished author, taking into consideration the value and importance of the subject.

The surgery of "Special Regions and Tissues," from chapter XVI. to chapter XXVII., including "Injuries and Diseases of the Arteries and Veins," the "Medical and Surgical Treatment of Aneurism," "Thrombus," etc., is not, we think, as creditable to the wide reputation of the author as other portions of his work, and is not as fully up to his generally advanced culture as other portions of his work to which we have alluded.

Chapters XXVI. to XXIX., on "Fractures and Dislocations," "Mode of Repair," "Diseases of Joints," "Examination of Patient," etc., etc., we accord the higher meed of praise, both in the description and general treatment of these subjects, yet one essential con-



sideration in the reduction of dislocations has been too briefly alluded to. We refer to the manipulation method by rotation and circumduction of treating luxations, a process which in our hands has almost entirely superseded the antiquated and often reprehensible practice of extension and counter-extension.

Chapter XXXI., on "Injuries and Diseases of the Spine," including "Spinal curvature," "shock," "spina bifida," and concluding with "excisions of bones and joints" treatment, etc., etc., is one of the most interesting and practical chapters in the whole work, and of itself worth more than the price charged for the volume, and we hold it a privilege of no mean value to claim for our school a reference of such great practical value and importance.

Chapter XXXII. on "Injuries and disease of the nose," and the operations demanded for their rectification, especially the "osteo plastic resection of the external nose for the removal of naso-pharyngeal polypi," we consider in advance of most of the recently published treatises on surgery. It has been our especial privilege to perform this latter operation for the relief of an enormous fibroid growth that threatened suffocation and the life of the patient, and in accordance with the directions there given, we completed the operation which terminated in a grand recovery. We hunted over a dozen volumes of the recent surgical publications, and could find no reference to this operation.

Chapter XIV., on Electrolysis for Stricture of the Urethra, prepared by John Butler, M. D., author of a text book on Electro-therapeutics, etc., is a grand stride forward, and opens up a new and fertile field for the operative surgeon, in this most interesting department of chirurgic literature. We have had occasion in a most interesting case to test the importance of this new process, and believe it, under certain circumstances, to be vastly superior to the old practice of mechanical dilatation. Thus we might go on increasing our measure of commendation till every subject was passed in review, but



space forbids, and we conclude our labors with expressions of delight, that a welcome visitor is presented to our libraries that will add new grace to our literature and a long feast to our surgical relish. E. C. FRANKLIN.

JESUS, AND SOUL TO SOUL. By C. D. N. Campbell. Maynard & Tedford. St. Louis. 1879.

"These two Poems, with their frame-work of exquisite type, binding, etc., remind us forcibly that 'words fitly spoken are like apples of gold in pictures of silver.' The work is well worthy of its setting, and its perusal excites the desire to go over it again and again. The few faults discovered while criticising it, such as the repetition of a word that might easily have been changed, are so over-balanced by gems of thought, turned to view by the very criticism, that we are led to thank the author for mistakes which thus reward us, even while we are pluming our self-conceit at the power in us to discover flaws."

\* \* \* \* \*

"As a specimen of appropriate imagery, we think the last of the above examples cannot be excelled. We might go on making selections from the first of these poems, but must desist, and will refer to the second in another number, preferring now not to anticipate the great pleasure in store for readers of this very beautiful as well as interesting effort of a noble mind."—[*St. Louis Monthly Review for June.*]

To all of which we give our very hearty endorsement, having read the book for ourself.—[Ed.]

#### GUIDING SYMPTOMS.

The first volume of the long promised "Guiding Symptoms," by Constant Hering, M. D., is at hand. It is a model of typographical execution, for which most of our eastern printing establishments are noted. It treats of forty-four remedies. In looking it over, I am reminded of what an old man—a dealer in books once said "never buy a book without an index, because it is incomplete and loses half its usefulness by being deprived of this most essential part." The venerable author of this book evidently intended it more as a book of study, so much so, that an index would be unnecessary, and conse-

quently has left it out. He has done so much for us in the book itself, that we can readily overlook the absence of an index, which we can supply ourselves, and it will be all the more valuable by being so supplied.

What was said of Alexander Von Humbolt, may with equal propriety be said of the author of the "Guiding Symptoms." "He has lived so long and so large a life, that his name has passed into history before he has passed away from amongst us," and I will add what Humbolt has done for the other departments of science, Hering has done for medicine. I will not say Homœopathic medicine, for the whole world of scientific medicine bow to the high attainments of that grand old man. Commencing the study of medicine when Hahnemann had elaborated his system, the mantle of the master has fallen upon his shoulders, and nobly has he guarded the trust, and the very fact of his name appearing as the author of a book carries conviction to the mind of all students of Homœopathic literature that it is worthy of his consideration and study. Until the last few years, we might say up to the present time, it has been impossible to obtain a complete materia medica in the English language. The Symptomen Codex on which the older practitioners principally relied, was out of print, and not to be had, and if it could be had, it has proved to be not altogether free from error, and apt to mislead the student, and it does not contain many of our new and most valuable remedies. Lippe's text book was what it proposed to be, only a text book. The Condensed Materia Medica by the author of the "Guiding Symptoms" is far from a complete materia medica. Allen's Encyclopedia of Pure Materia Medica, as yet unfinished, has partly supplied this want, yet many of our best physicians find fault with it because it excluded clinical symptoms, which could never be anything else than clinical symptoms without pushing our provings beyond the point from which our most daring provers would shrink. As for instance, the power of Canthar. to remove certain morbid conditions of the os uteri in the first stages of labor or remove the adhering placenta afterwards. 'Tis true, clinical symp-

toms are excluded, but it started out to give pure drug symptoms proved on the healthy, and of course could admit nothing of the kind. Here in the "Guiding Symptoms," we have the clinical symptoms, or at least those that are known to be reliable. The author declares in the preface: "It has been his rule through life, never to accept anything as true unless it came as near mathematical proof as possible in its domain of science," and his publishing them for our benefit, stamps them as being accepted by him as true, and no man surely has made himself more competent to judge of their merit and truth. There is also another general complaint that is here met, that our materia medica contained so many symptoms that were of no use to the practitioner, and many that were unreliable. The author of this work, in speaking of this objection in a former work of materia medica, said it was impossible to separate the wheat from the tares without uprooting the wheat, therefore, to let them grow side by side until the harvest; and here is the harvest of years of practice, the wheat all separated from the tares and chaff, ready for use, and every symptom marked with its relative value, so that "he who runs" may read and understand.

There are many excellent practitioners in the Homœopathic ranks, who are converts from the old school, and, who perhaps have made the splendid literature of that school in pathology and pathological anatomy a more special study, and who have attempted to make it a basis for the study of materia medica, or at least adapt the materia medica to it, and thus to find the right remedy. They will here find the work done for them, and that to in the only way it can ever be done with any satisfaction; e. g. We have the symptom, and placed before it a mark denoting its relative value according to the number of times it has been verified, then after the Greek letter "theta" comes the name of the pathological condition—for instance, dispepsia or the physiological general state at pregnancy, etc. Let the physician, for instance, take the pathological state, nosologically known as dispepsia,

under the heading of argent. nitr., and write all the symptoms after which this word representing that pathological condition occurs, and then carefully read it over a few times, and he cannot fail to obtain a clearer picture and a more thorough knowledge of the kind of dyspepsia for which argent. nitr. is the specific remedy than it is possible to obtain by any other means. It is objected to it, by many, that the venerable author has already passed the time allotted for man's life, and he will never be able to finish it. We have his assurance that the work is so far done, that in case of his death, his co-workers could finish what he has so nobly undertaken, and he assures us that if his life is prolonged to the age his father and grandfather lived, he will not only be able to finish this work but to add a Repertory. B. H. WILCOX, M. D.

---

*A REPLY TO THE ANNUAL ADDRESS ENTITLED "THE MEDICAL PROFESSION."*

---

*Delivered before the St. Louis Allopathic Medical Society, by Thos. Kennard, M. D., and published in the March number, 1879, of the St. Louis Medical and Surgical Journal.*

---

RESPECTFULLY DEDICATED TO THE MEMBERS OF THE JOINT-CONVENTION OF THE WESTERN ACADEMY OF HOMŒOPATHY, AND THE MISSOURI INSTITUTE OF HOMŒOPATHY.

BY S. B. PARSONS, M. D.

---

Great "eagle" of eagles, whose pride in your calling  
Seems bursting to see such small birds in your way,  
So bold that they imitate, aye, your loud squalling.  
To be seen and be heard, though they're not birds of prey.

"Degraded," low-down in science and station,  
But mere "mousing bats and coarse hooting owls,"  
They must not expect to attract approbation  
From such gentlemen "eagles." Ah, that is most foul!

Though birds of a feather, they've a poor education;  
They're boorish, "uncouth;" they're crude and they're mean,  
Taught by men mere "imposters," "the curse of creation"—  
Professors so dirty they can't be washed clean.

How dare ye, then, pupils of such fools and "pretenders,"  
 Such "knaves" of a science that's no merit at all—  
 How dare ye assemble, as foremost defenders  
 Of such ignoble teachers, whose sense is so *small*?

Your famous "Dispensaries are cheap," and Professors  
 "Cheap teachers of Medicine"—"God save the Art"  
 Who propose to dog-catchers, to barbers, hair-dressers,  
 "To learn them for nothing" a medical part.

His great soul is yearning—his heart almost burning,  
 To move legislators to estop by a law.  
 "Reform is much needed," to check all such churning  
 Of butter so rich as you "rascals" work for.

"Frown them down," screams the "eagle," with eyes red and fiery,  
 Below us all others are not worth a peg.  
 And he gazes disdainfully down from his eyrie,  
 Quite proud as protecting an Allopath egg.

"I'm unwilling," he says, the great Mogul expressor  
 Of views all his own, "that each fool and each knave  
 Who sees fit to style himself a Professor,  
 Should impose on the public in matters so *grave*."

"I do not believe," cries this Canard of the skies,  
 "The public is wedded to quackery" so strong,  
 "As to wish to be humbugged" at the risk of their lives,  
 While we "eagles" of culture (?) grow faint on the wrong.

Pray, who are the "quacks" you so freely deride,  
 And place under the ban of the King Guarantor?  
 Are they the men who take truth as their guide?  
 Or the boasting pretenders of *contrariis curantur*.

"The tide of popular credulity has increased"  
 With wonderful strides since the birth of Young Physic,  
 For its advent with all healing balms has released,  
 The world from those "eagle" prescribers for Phthisic.

To the doctors you hold in such small estimation,  
 Throw a scream of defiance for a trial of skill,  
 Let your hospitals open their doors, and our stations  
 Be alongside of yours, and we'll work with a will.

If your showing in twelve months by figure and number,  
 Excedeth by aught the poor "quack" you contemn,  
 We'll acknowledge your claims, and be rated as humbler,  
 Ay, the humblest and meanest of medical men.

But ye dare not accept such a challenge, Sir Prattle,  
 The school you're so proud of dare'nt pick up the glove,  
 We fling at your feet for a medical battle,  
 To decide who is best, for prestige or love.

"The laborer is worthy his hire," your lips say,  
While your heart is o'erflowing with venom and gall,  
The truth is, *contraria* opinions are worth nothing to-day,  
They're "centesimal dilutions of nothing at all."

You may shake the strong shackles of Bigotry's pin,  
Whose rivets were forged your school to enthrall,  
Our motto is plain and reads. Liberty in  
Medical Opinion—Equal Rights to All.

---

## **Books and Pamphlets Received.**

---

THE NURSE, OR HINTS ON THE CARE OF THE SICK, including mothers and infants, and a Digest of Domestic Medicine. By C. T. Harris, A. M. M. D. Duncan Bros., Chicago, Publishers. 1879; 129 pages.

This little book, bound in Duncan's best style, we cordially endorse, and would recommend its purchase by every wife and mother. It will help where help is most needed in a hygienic way; where there is the most annoying ignorance, viz., among our intelligent classes.

JESUS, AND SOUL TO SOUL. Two poems by C. D. N. Campbell, St. Louis: Published by Maynard & Tedford, St. Louis.

NATIONAL BOARD OF HEALTH Reports and Papers, No. 1, April 7, 1879; organization, etc., etc., Washington, D. C.

---

## **Editor's Drawer.**

---

PHILO G. VALENTINE, M. D., 1308 Chouteau Ave., St. Louis, Mo.: *My Dear Doctor*—In the March, 1879, number of the CLINICAL REVIEW, there is an article entitled Leucorrhœa, credited to W. R. Elder, M. D., Terre Haute, Ind., and says it was read before the Homœopathic Medical Society of the Wabash Valley, at Paris, Ill. It was read there, but not by W. R. Elder, but by your humble servant, at the last meeting of our society. I called Dr. Elder's attention to the matter, and he positively said he knew nothing about the paper, nor was he able to explain how his name was attached to it. I hope you will make the correction in a future journal. I do not think the paper of so much importance to quarrel about, yet I like to have my children know their father. Though this may be a *brat* of little importance, it is nevertheless mine, and I am not ashamed to own it.

Regretting the mistake, and hoping to see it corrected, I sign myself fraternally yours,

W. T. BRANSTRUP.

VINCENNES, IND., May 15, 1879.

CLEVELAND, OHIO, April 21. 1879.

DR. VALENTINE, EDITOR CLINICAL REVIEW: *Dear Dr.*—The d—l is in your printer, or the "printer's devil" is in the editor, and

I'll swear to it, or at it, for otherwise how could so great an error occur as attributing *Diphtheria vs. Cold* to me in your issue of the current month? I am really not in the habit of appropriating articles bodily—body and boots—and hence desire that the paper be accredited where it belongs. The same was written by DR. H. B. VAN NORMAN, of Cleveland. Much obliged, however, for the copy of the REVIEW. I will very likely send you an article some day to show that my own sins are all I am able to bear. Fraternally,

W. A. PHILLIPS.

"It is a wise child that knows its father," and we are glad that these children have found their respective sires. These papers were sent to us accredited just as published—the former from Cincinnati and the latter from Paris, Ill.—[EDITOR.

BUFFALO, May, 1879.

American Homœopathic Ophthalmological and Otological Society. The third annual meeting of this society will be held June 24 and 25, at the Fort McHenry Hotel, Lake George. The session will begin each day at 2:30 P. M. A large number of valuable papers are promised, and all interested in the study of diseases of the eye and ear are urgently invited to be present. By order of the President.

F. PARK LEWIS, Secretary.

At a regular meeting of the Milwaukee Academy of Medicine, held April 1st, 1879, the following resolution was unanimously adopted:

"Upon application by any Professor in a Medical College, or any other public advocate of the High Potencies, the Academy will prepare and furnish the 30th Hahnemannian Dilution of *any remedy in common use*, for the purpose, and in accordance with the terms heretofore published in the pamphlet entitled "A Test of the Thirtieth Dilution."

A. SCHLOEMILCH, M. D.,

April 25, 1879.

Secretary M. A. M.

BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY AND }  
HYGIENE, IN THE AMERICAN INSTITUTE OF HOMŒOPATHY. }

The special subject for discussion at the June meeting 1879, will be: "Drainage of Cities and Houses." Several divisions of the subject have been assigned to members of the Bureau, and papers promised, from which synopses will be made, and submitted as a basis for discussion by the Institute. All the information that can be gleaned that is useful, new and novel upon this topic, is desired by the Bureau. Should you know of any improved method of Drainage, or should you have any ideas in advance of the old methods, will you be kind enough to communicate them to this Bureau at once, or at an early day, so that they may be made available and submitted to the Institute at its forth-coming meeting.

BUSHROD W. JAMES, M. D., Chairman,

March, 1879.

18th and Green Sts., Philadelphia, Pa.

A newspaper account of the proceedings of the meeting of the Kansas and Missouri Valley Homœopathic Society has reached us, which we shall use at some future time.

*Off for Denver.* Our esteemed friend Prof. Ambrose S. Everett of the Anatomical Chair in our College, will leave for Denver, Col., on the 1st of June, to be absent about four months. He goes to the elevated table lands and mountains for his health. All his mail is to be sent to the care of Dr. J. M. Walker, Denver, Col.

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., JUNE 15, 1879.

NUMBER 4.

---

## *EXTRACTS FROM PROCEEDINGS OF THE ST. LOUIS SOCIETY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.*

---

APRIL 28th, 1879.

DR. CAMPBELL: At the last meeting of this society I commented upon the possibility of trituration decomposing certain chemical compounds whose chemical affinity was weak. I mentioned in this connection the phosphide of zinc, and said that if the above proposition was true then our trituration of this substance was no longer phosphide of zinc, but either a mixture of its decomposed elements or some other chemically modified combinations, whose action must necessarily be totally changed. Hence the subject was one of the greatest practical importance to us.

My inquiry brought out a very animated discussion of some length and interest, which necessitated me occupying more of your time by way of explanation and disclaimer than I desired, since I was occupying the chair.

The subject seemed to be comparatively new to most of the members of the society, and although some strong views were expressed, no one essayed to speak as authority upon the subject.

Since that meeting I have taken occasion to investigate the subject a little farther. I have consulted a professional chemist of eminence in regard to it. I asked him if it was possible for trituration to decompose certain chemical compounds of weak affinity? He answered without hesitation, that it was not only possible, but that



it was certain. I asked him to name some such substances, and he mentioned some of the phosphides and sulphides, the permanganate of potash and chromic acid, as examples of compounds which would not tolerate trituration with an organic substance such as the sugar of milk. This is the opinion of no less a chemist than Prof. Regis Chauvenet. I regard it as one of the weakest points of our school of medicine, that we are inclined to practically ignore certain scientific truths. The sooner we improve in this direction the better it will be for us.

DR. SPALDING: If there is destruction of the chemical bond between two elements, there must be some force employed. Trituration affords a mechanical force—heat and electricity—which is the force that effects this separation?

DR. CAMPBELL: I do not presume to decide that, neither did the chemist. I have preferred to quote him as authority as to the fact—and as fact it still remains.

Then followed the essay for the evening by Dr. Gundelach. He reported a very interesting case of albuminuria during pregnancy. A young woman, primipara, 23 years old, of sanguine temperament, had good health up to the 6th month of pregnancy, when she took a severe cold attending the funeral of a near relative at whose death she was much depressed. She had a severe bronchial cough for a month, then her legs began to swell, and soon her hands and arms and face. The legs became enormously distended—œdematous, at least three times their normal size. The labia became so much swollen that it was impossible to make an intravaginal examination, and at length a putrid ulcer formed at the posterior commissure. The urine was reduced to one pint in 24 hours, and afforded, on testing, 95 per cent. in volume of albumen. It contained, at times, bloody serum. The doctor tried Arsenic without benefit, then he gave Merc. Corr. under use of which the albumen diminished to about 60 per cent. in volume. He gave other remedies without benefit, and finally, when the woman insisted that it lacked at least five weeks of term, he had a council con-

cerning the advisability of inducing premature labor. It was decided to be inadvisable from the low state of the patient.

That same night labor came on and the woman was speedily delivered of a small but mature child. I was not well and another physician attended her. Soon after, she became very sick—the lochia stopped. She had a severe long-lasting chill, followed by a low form of septic fever, which was very alarming. The perineum had been ruptured during labor, and the swollen vulva became gangrenous. Sloughing set in and the fetor of the lochial discharge now re-established, was very disgusting, and no milk appeared in the breasts. The case seemed quite doubtful for many days, and the prognosis unfavorable. I gave various remedies, among them Apis. Bryonia and Secale, and at length she began to slowly recover. She suffered very much from pruritus-pudendi, which was very hard to get rid of. Carbolized water lotions seemed to relieve the itching.

The patient finally recovered after a long illness, and the urine became entirely free from the albumen, the dropsy disappeared, and the lactation was restored. He remarked upon this case and others of this disease as follows: A danger I anticipated from the beginning was trouble about the time of confinement in the shape of convulsions caused by uræmia. About an ounce of urea is excreted daily, and as in this case the whole amount of urine was only a pint, it was very likely that a large amount of urea was retained in the blood. It was a wonder to me that more uræmic symptoms did not appear. The case went on and recovered, which was more than I expected. I attended the case and saw it through, but I don't think anything I did had much influence on its course. Merc. corr. seemed to reduce the amount of albumen for a time. The mistake concerning the time for labor, I was in no way responsible for, the œdematous condition rendering examination impossible. I think the treatment in such cases should be adapted to the relief of the congestion of the kidneys, to the impoverished condition

of the blood resulting from the abstraction of so much albumen, and to the probable uræmic poisoning. I indorse the views of Hale in his work on Sterility, that in albuminuria during pregnancy we must ignore minute symptoms and treat according to the general, leading features of the case. Hale mentions veratrum vir. gels. and aconite. Bromate of lithia and benzoate of ammonia in 5 gr. doses 3 times a day; terebinth, cantharis and apis are also proper.

DR. COMSTOCK: The essayist has given an account of a very interesting case. Such cases are not very rare. I reported a similar case to this society about two years ago. Like this it was a primapara, but the attack was more sudden. The urine contained a large excess of albumen. I about made up my mind to bring on labor, but didn't. Finally it came on itself, but the child was dead. The woman had convulsions for 24 hours, when they ceased and she entirely recovered. She has been confined since with no trouble. She was a strong woman, 23 years of age; the heart was considerably disturbed, there being almost no pulse. I used Digitalis for a week, and then benzoic acid, restricting to a milk diet. My custom in such cases is to use what seems to me to be rational remedies, whether homœopathic or not.

The question of the advisability of inducing premature labor in albuminuria during pregnancy has been under discussion for several years. It is certainly a dangerous undertaking, but frequently necessary. I knew of a case two years ago, where a lady of forty-five had lost a child with diphtheria, and had another similarly attacked, but, resorting to homœopathic treatment, this last one recovered, and she thought that the other would have lived if it had received the same treatment. As a consequence, she felt very much depressed. She was at the third month of pregnancy, while her second child had diphtheria; at the sixth month symptoms of albuminuria set in. I gave bromide of potash occasionally, for her nervousness and sleeplessness, but though she was in a very depressed state I didn't think it necessary, just then, to

induce labor. The feet were not swollen much, but there continued to be more or less albumen in the urine.

I started to go to Colorado; when I reached Denver I heard she was dead—had died in labor from convulsions. I didn't learn the particulars, only I am certain that the albuminuria was the fatal cause. Such cases are very serious. In the treatment of them I don't think homœopathy has gained much. Merc. corr. was proposed about 15 years ago by Dr. Peters, and I have used it. Others have tried the remedy but have seldom seen much benefit from it. I have used the benzoate of lithia for a couple of years, giving teaspoonful doses three or four times a day—in albuminuria and gout where the kidneys were at fault. Another remedy is glycerine. I don't know what success has attended its use, but it has been proposed, and it seems quite probable that it would give benefit. We know it acts as a depletant where applied to the tumid and congested cervix uteri. When the leucorrhœal discharge attending endo-metritis contains albumen, the use of glycerine checks the escape of this substance, while it at the same time excites a profuse watery secretion. From this it has been said to check the secretion of albumen and has been proposed in albuminuria, though in connection with a milk diet. We have a case now in the Good Samaritan Hospital, of a man of fifty-two, who has led an irregular life, and whose liver, spleen and stomach are considerably affected. He is receiving now skimmed milk, which seems to benefit him somewhat. I don't expect to cure him. In these cases we must do the best we can, using any means—homœopathic or not—which we have reason to think may relieve. In regard to this tendency, in Dr. Gundelach's case, to fetid discharge after labor, I think septicæmia from the ruptured perineum was threatened.

It is my custom to use injections of carbolic-acid solution, after delivery, in cases where I anticipate any trouble of this kind.

DR. GUNDELACH: I used it in this case, and cut off a piece of dead tissue as large as my fingers.

DR. COMSTOCK: The pruritus vulvæ which the doctor says was present in his case, I have treated by the application of camphor, with the hydrate of chloral. I had a case recently in which this symptom had made the woman nearly crazy for a month. I prescribed hydrate of chloral,  $2\frac{1}{2}$  drachms to 2 ounces of water, applied locally. It afforded prompt and perfect relief. I used it in the case of a man who had been troubled for 25 years with pruritus scroti, and he is entirely cured. A hot poultice of tanacetum hortensis is one of the best applications for pruritus, and will often cure when everything else fails.

DR. VALENTINE: Would you induce premature labor in albuminuria during pregnancy?

DR. COMSTOCK: In some cases, I would; in some I would not. I think Dr. Gundelach decided rightly in his case.

DR. RICHARDSON: There is not much more to say on this subject. I thought when Dr. Gundelach begun that there would be an opportunity for me to say considerable, but he kept on until he had told about all there is to be told.

The case he has described to us is a most interesting one. Indeed, all these cases are. They are almost always complicated.

The report of this case has set me to thinking upon the pathology and treatment of this disease. In treatment, we have three methods pointed out—the homœopathic, the milk diet, and the mechanical, consisting in the removal of the fœtus. Now, if we knew what the cause of the disease was, we could treat it better. Dr. Gundelach said first, that the exciting cause in his case was nervous depression. If the disease has its origin in the nervous system, we certainly ought to have remedies that would benefit. But, further on, he gave mechanical pressure as another cause. Now, my opinion is that mechanical pressure is the only cause. Homœopathic remedies do no good, nor does any other means, except the relief of the pressure by delivery of the child. Slight symptoms of albuminuria may disappear, but I have never

known a well-marked case of albuminuria during pregnancy to recover before delivery. This fact makes me believe that the disease is not nervous in its nature, but is due to mechanical pressure.

DR. GUNDELACH: We have predisposing and exciting causes of disease. I wanted to say that the depressing emotions were the predisposing, while the pressure was the exciting cause.

DR. COMSTOCK: I think from the fact that the urine contained bloody serum that the doctor had nephritic inflammation in his case—not desquamative nephritis, but nephritis albuminosa.

DR. GUNDELACH: Congestion, not inflammation.

DR. VALENTINE: What was the depression?

DR. GUNDELACH: The woman had recently lost her father, as I stated in my paper.

DR. RICHARDSON: Dr. Gundelach must have been guessing at it when he stated that uræmia might cause puerperal convulsions. Upon that point, I take issue with him. Urea in the blood does cause convulsions, but they are uræmic convulsions, not puerperal convulsions. Males and non-pregnant females may have uræmic convulsions, but uræmia doesn't occasion puerperal convulsions, and if present in that disease, is a coincidence, though there is nothing to hinder a puerperal woman from having uræmia and uræmic convulsions.

There was a time, some years ago, when uræmia was looked upon as a cause of puerperal convulsions, but that belief has been abandoned.

Although the quantity of urine is much diminished, it is very rare to have uræmia in albuminuria, and *vice versa*. I believe the convulsions in puerperal women having albuminuria result from a stasis of the blood, or, in other words, that the disease in its causes is mechanical all around.

DR. CUMMINGS; I want to say that the secale and bryonia, especially the secale, saved the doctor's case, and I think that the woman would have died without them. I should have used crotales myself. I think in

such cases we must use the animal poisons. The books say we shouldn't use apis in pregnancy, for fear of producing abortion, but the white appearance of the skin seemed to indicate it in this case. I believe I should have used crotalus.

DR. GUNDELACH: I used apis three days, but it did no good.

DR. VALENTINE: Dr. Gundelach says he anxiously expected convulsions in his case, and wondered they did not occur. Now, he had no occasion to fear convulsions. The Malpighian tufts secrete the water of the urine, while the tubuli uriniferi secrete the urea and other solid matters. There is a double circulation here in the kidney, arterial blood being distributed to the Malpighian tufts and venous to the tubuli uriniferi. In albuminuria the trouble is in the Malpighian tufts, the albumen of the blood being allowed to escape, while the water is retained, causing dropsy. The excretion of urea is not at all interfered with, and that product is contained in the urine, though the urine may be greatly diminished in quantity and contain 95 per cent. of albumen, as in this case of Dr. Gundelach's. The blood in the urine showed that the Malpighian tufts were inflamed. The remedy indicated in this affection of the Malpighian tufts was terebinth. Ludlam recommends ledum and merc. corr. I think the doctor missed the remedy. I should have given terebinth in the 3<sup>r</sup> potency. If the disease had been located in the tubuli uriniferi, cantharis would have been the remedy. We don't have blood exuded from the kidney, except from the tufts.

DR. GUNDELACH: There was no bloody urine. There was bloody serum.

DR. VALENTINE: In my opinion the woman had nephritis, not desquamative, but albuminosa, as Dr. Comstock has said, and the remedy before delivery was turpentine. After delivery and gangrene had set in, secale asserted its powers and undoubtedly saved the lady's life. The doctor had no reason to anticipate convulsions, for there was no uræmia. Some claim that the urea is not formed

in the kidney, but in the liver, the kidney only removing it from the system.

DR. GUNDELACH: We have urea in the blood and urine both. When there is so little urine, a large amount of urea must remain in the blood.

DR. SPALDING: Dr. Valentine thinks that the normal quantity of urea was contained in the urine, though that secretion was greatly diminished.

DR. GUNDELACH: I didn't test for urea; it can't very well be done so as to determine the quantity.

DR. COMSTOCK: Did you notice any smell of the urine?

DR. GUNDELACH: Yes.

DR. PARSONS: Dr. Valentine says there is a double circulation in the kidneys; that the blood goes first to the tufts, and then, as venous blood, is distributed to the tubuli uriniferi; that the water is excreted by the tufts and the urea by the tubuli uriniferi, and that there can't be an unusual quantity of urea remaining in the blood when the Malpighian tufts only are inflamed. I say there can be. I say there might have been in Dr. Gundelach's case. Urea may be retained in the blood from compression of the vena cava so as to limit the circulation of blood through the kidneys. If the blood doesn't pass through the kidneys, they can't secrete its urea.

I knew a man to go 45 days without passing or secreting a drop of urine, and there wasn't a sign of uræmia. He ultimately died, but not from uræmia; he died of starvation, inanition. Dr. Tirrell attended him.

As to the point of the albuminuria having been caused entirely by pressure, how did merc. corr. benefit Dr. Gundelach's case so much in a few days? Was it by lifting up the uterus and relieving the pressure? or by relieving the hyperæmia of the kidneys? Pressure is not the only cause of albuminuria; suppressed eruptions or irritating drugs cause it. I have seen cases where remedies removed the albuminuria of pregnancy.

In regard to the excretion of urea in albuminuria, as a general thing the albumen and urea have an inverse ratio, i. e., the more albumen the less urea.



Dr. CAMPBELL: Have any members of the society used pilocarpine or jaborandi in these cases? I see they have been advocated in the London Lancet.

Dr. COMSTOCK: I have tried this remedy in dropsy from Bright's disease with good results. I should also recommend it as worthy of trial in convulsions from uræmia.

Dr. CURTIS: I have used it in dropsy, in a case where there was sleeplessness, with prompt relief of that symptom.

Dr. PARSONS: Did it cure the dropsy?

Dr. CURTIS: No; the patient died, but after going to an allopathic doctor. I believe I could have cured the case, if they had not got scared and left me.

Dr. VALENTINE: Pressure may produce albuminuria, and it may come from nervous causes. Claude Bernard produce diabetes and albuminuria by irritating the floor of the fourth ventricle with a sharp instrument. Lead poisoning may produce albuminuria; so may arsenic. Pressure is only one of the causes.

Dr. RICHARDSON: The foetus presses on the nerves, so that the nervous disturbance is from a mechanical cause.

---

### A CASE OF FISTULA IN ANO, WITH A FEW PRACTICAL REMARKS REGARDING THE SURGICAL OPERATIONS FOR ITS RELIEF; AS ALSO THE ACTION OF THE SPHINCTER TERTIUS DESCRIBED BY HYRTL.

---

By T. G. COMSTOCK, M. D., St. Louis, Mo., MASTER IN OBSTETRICS, OF THE UNIVERSITY OF VIENNA.

---

Cases of fistula in ano, or more correctly fistula in recto, occur so frequently in surgical practice, that I shall take occasion to call the attention of the profession to a few particulars regarding the surgical anatomy of the sphincter muscles.

Some years ago, when a pupil at the University of

Vienna, while attending the lectures of Prof. Hyrtl, I first learned the existence of a *Sphincter tertius*. It is remarkable that this sphincter is not particularly described by Gray or other English anatomists. That such a muscle (whose action is really that of a sphincter) does exist, is to me a matter of no doubt; and if such were not the case, the radical operation for fistula (dividing the lower sphincters) would be followed by very unpleasant consequences—in other words we should have as a result, involuntary fæcal evacuations. That such an untoward result fortunately does not often occur, every experienced surgeon knows, *but the reason for this* we shall give by quoting the following, which we have translated from Hyrtl's Anatomy\*

“The older surgeons were astonished after having divided the sphincter muscles in operations for fistula, that no involuntary discharges of fæces follows. Faget found after removing the lower end of the rectum from a patient, that he could retain his fæces and flatus, and he explained this upon the hypothesis that a new sphincter must have subsequently formed. Houston was not disinclined to believe that the lower portion of the rectum, where a fold occurs as it passes through the pelvic fascia, was surrounded with a development of circular fibres. Lisfranc, who many times extirpated the terminal portion of the rectum, noticed that such patients were not deprived of the power of holding back their stools, and declared it as his opinion, that as a positive necessity a superior sphincter must exist. Likewise every unprejudiced observer must allow of the existence of such a muscle, for the reason that in prolapsus ani, where both the external and internal sphincters are paralyzed, no involuntary stools occur.”

“In rupture of the perineum and congenital opening of the rectum into the vagina (cloaca) the same thing happens. Ricord cites the case of a woman, æt. 22, where the rectum opened into the vagina, yet the bowels

\* Handbuch der topographischen Anatomie, Von Josef Hyrtl, Zweiter Band, p. 141, 5te Auflage, Wein 1865.

acted regularly, and what is more remarkable, the husband, after having been married three years, had no conception of this abnormal condition in his wife."

"When the index finger is introduced into the rectum of a patient who has had no action from the bowels for a few days, as a rule, just above the anus, no fæces will be found, and yet the column of fæces would naturally sink down to this point, if not held back by an opposing circular muscle. Kohlrausch opposed this view, which presupposes the existence of a third sphincter, because he found upon dead subjects, as well as in patients, hard scybalæ in the lower portion of the rectum; but I take occasion to mention that the existence of fæces in the rectum upon subjects, simply proves that the sphincter tertius no longer acts, and the same thing in the living (in patients) may be the result of diseased conditions, and which affords an example of an exception to the rule. Enemata which are not introduced high enough into the rectum are liable to come away immediately; on the contrary, if the canule (extremity) of the syringe is pushed up sufficiently high, the injection will be retained a longer time. Dr. O'Beirn called attention to the fact that an elastic tube can be introduced quite a distance into the rectum before any flatus is given off, and then the discharge comes suddenly. All these observations make it probable, *a priori* that at a certain distance above the internal sphincter ani, a third sphincter must exist. Nela-ton and Velpeau have demonstrated the existence of it, as a thickened band of muscular fibres, four inches above the anus. This muscular development is not always easy to find. To find it upon the cadaver, care should be taken that the rectum is not forcibly distended with air.

"In order to demonstrate it well, the rectum should be cut upwards longitudinally, and stretched upon a board, and the several layers carefully dissected off, until the muscular layer is reached, when the sphincter tertius, if present, will be seen as a broad bundle of thickly conglomerated muscular fibres. Not unfrequently this investigation will be fruitless of a result, but the physiological

fact that there are developed muscular fibres encircling the rectum at this point, is not to be doubted. In one instance I have publicly demonstrated the existence of the fibres of the sphincter tertius taking their origin from the sacrum."

"This third sphincter does not permit the excrements (fæces), which are in the sigmoid flexure and are pressing down, to reach the lower rectum. Only when the desire for an evacuation exists, does it relax and allow the fæcal column to come down on to the lower sphincters. These latter can voluntarily keep back the stools for a long time, and are assisted in their efforts by the levator ani muscle, as likewise by the buttocks (nates) firmly pressed together, so that when one is unfortunately in such a critical situation (for obvious reasons), he takes care not to take long steps, or to run. At last these muscles, from having such an unusual strain upon them, become paralyzed, and then follows what, under such circumstances, is of course unavoidable. When the lower end of the rectum is removed, or the sphincters are divided, as in the operation of rectal fistula, then the patient will not be afflicted with the most hopeless and disgusting of all ailments, viz., involuntary stools; for when the slightest desire for a stool is experienced, and the upper sphincter is relaxed, the evacuation below is being accomplished, because simultaneously the two lower sphincters will involuntarily be relaxed."

I should perhaps mention that Dr. James B. Chadwick, of Boston, in a very elaborate article,\* regards the sphincter tertius as "a collection of constricting bands, and a part of the general circular layer of muscles, whose function is to *dilate before* and *contract behind* the scybalæ, thereby propelling them on their way, and not retarding them." He proposes to call this sphincter a "*Detrusor fæcium*." I did not intend to discuss Dr. Chadwick's essay, but the facts adduced by Hyrtl are undoubtedly true. I was called in consultation in May last, to see a

\* Transactions of the American Gynecological Society, Vol. 2, p. 43. Boston, 1878.

gentleman, who to avoid a collision, jumped from a railroad train going at the rate of thirty miles an hour; he struck with great violence upon the end of a railroad iron, which seems to have been raised up, and which penetrated him in the region of the perineum. The injury was so great that it seemed almost as if he was cleft in twain; suffice it to say, the lower end of the rectum was so contused and injured, that it sloughed away. Fortunately the patient, a short time previous to the accident, had passed a large stool, and notwithstanding the severity of the shock and loss of blood, with the subsequent surgical fever, he had no operation from his bowels for some seven days. This gentleman has recovered, but the lower portion of the rectum is quite gone, and yet he can control his stool. Is not this an instance of the existence of Hyrtl's sphincter? When we have a fistula of the rectum, why is it necessary to divide the sphincter in order to enable the parts to heal?

1st. Because all efforts at healing, as a general rule, fail, unless we can expose the pyogenic membrane which often lines the fistulous tract. 2d. The healing process is prevented by the constant motions of the sphincter and levator ani muscles; for with every act of respiration they contract, and thus prevent healing; and to do away with this effectually, we must make a section of the sphincter. Occasionally cases are reported where a cure results without dividing the sphincter.

Sir Astley Cooper mentions two cases; Ashton\* mentions several in his large experience; Dr. Ordway, of Boston,† reports that he has cured many cases by injection with sesqui-carbonate of potash (vegetable caustic): however, such cures are, in the experience of the profession, exceedingly exceptional. In my own experience I know of only one case thus cured:—it was a clergyman, who refused to be “cut,” and after one year reported to me that he was cured by injections and pressure combined; the pressure was by means of a sponge-tent intro-

\* *Fistula in Ano, and Hemorrhoidal Affections*, London, 1873.

† *Boston Medical and Surgical Journal*, vol. 99, p. 657.

duced from time to time within the anus. Patients fear the knife, and willingly resort to salves for relief, and in this respect history repeats itself for the past two hundred years. Louis XIV., King of France, was so unfortunate as to be afflicted with a fistula. His medical attendant seems to have been a real practical surgeon, well versed in surgical pathology, as well as therapeutics. He diagnosed the ailment of the King, and informed His Royal Highness that the cure could be accomplished only through a surgical operation. The King was very shy of being cut, and as various methods of treatment had been proposed for him, "without any resort to the knife," he was shrewd enough to object to have them tried upon his own Royal person, until he should have seen their good effects upon others; and he accordingly ordered a number of his subjects suffering from fistulæ to be treated in accordance with the different plans which had been suggested. Among other cures, the mineral springs of Baregé, as also the waters of Bourbon were proposed, and to these springs he sent the patients, accompanied by a physician, whose province it was to observe the results of the drinking of, and the bathing in the waters, as well as the injecting of the same waters into the fistulæ. After some months these invalids were all brought back to Paris, and the fistulæ were nearly as bad as when they went thither. Next, chambers or wards were fitted up at royal expense, and the patients with fistulæ were there carefully treated in accordance with the various methods of cure of pretenders, who recommended ointments, salves and solutions for injecting, as likewise internal medicines. A whole year was spent in this way in experimenting, but not one of the patients was cured by any of these means. At last the king gave in to his surgeon, Mons. Felix, who operated upon him November 21st, 1687, making the identical operation of the present day—freely opening the sinus into the gut, and cutting through the sphincter. The operation was a success, and the king was, in a short time, perfectly cured. I have taken the liberty of calling attention to the above case, which has a historical

interest to the surgeon of the present day, and may be regarded as classical.

Fistulæ of the rectum may occur in the young or old, and may accidentally happen to those leading a pure and regular life; but high livers and those who are intemperate are especially liable to them.

The following case came accidentally under the attention of the writer: In August last, while on a visit at Le Roy, N. Y., I was consulted by Miss —, a young lady æt. 26.

She informed me that some 18 months previously, from the effects of a fall, she had suffered from an abscess in the ischio-rectal region, which had finally terminated in a double fistula. For this affection she had been to a "Cure" for five months, and was there treated by the lady physician in charge, who had improved her general health very much, and had endeavored to heal the fistulæ by various injections, and other applications, but without effect. Upon examining the case, I found two fistulous openings upon each side of the posterior commissure of the vagina, extending into the rectum. I introduced a probe into one opening, and found a fistulous tract terminating in the rectum at a distance of over two and one-half inches above the anus. I then introduced a second probe into the opposite opening, and succeeded in passing it through the tract of the same opening also into the rectum; with one index finger in the rectum, I made the end of each probe impinge upon it. Here then was a double fistula with one common opening, terminating in the rectum. After this diagnosis I announced to the young lady's mother, that her daughter's ailment could be easily relieved by a surgical operation, the nature of which I explained to her.

Several objections were made to the operation, and I was solicited to try and cure it by other means.

The first objection was, that such an operation was not approved of by her last medical adviser, who proposed to cure the fistulæ by placing the patient under the influence of ether, and then forcibly distending the sphincter,



to paralyze the same, and afterwards to treat the fistulous tracts by injections, and thereby hoped ultimately to effect a cure.

2d. Her last medical adviser regarded the patient as "a bad subject for the healing process, should any surgical cutting be done"

3d. The patient herself objected to the knife or any radical operative procedure. As I had firmly stated that no cure could follow any procedure whatever, short of a radical operation, and as the patient was a near relative of mine, and therefore feelings of delicacy were involved in the matter, I proposed that the young lady and her mother should accompany me to Buffalo to consult Dr. J. F. Miner, Professor of Clinical Surgery in the University of Buffalo.

They accordingly did this, and Dr. Miner was consulted September 23d, and quite agreed with me in the diagnosis, and approved of the treatment as above proposed; in other words, Prof. M. said: "It was a case to be treated in accordance with the principles and practices of surgery;" that the pyogenic surface of the fistulous tracts should be freely and completely cut through with the knife, and a common opening thus made into the rectum, and this would necessitate the complete division of the sphincter. As the patient had at all hazards objected to the knife, as a *substitute*, I suggested to Dr. Miner the feasibility of operating by ligature, to which he assented. The principle of this operation by ligature is as old as Hippocrates, who used the *seton* in fistula. For improvements in the use of the ligature, we are indebted to Dr. Dittel, of Vienna, who first proposed the *elastic ligature*, which is made of india rubber, the size of a small whip-cord. The end of the ligature is split or sharpened with a pair of scissors, and it is threaded in the eye of a good sized silver probe, then the probe, armed with the ligature, is introduced into the fistula and pushed into the opening in the rectum, and brought out through the anus; then the two ends are to be passed through a little leaden ring or circlet (not unlike to a good



sized buck-shot with a hole through it), and the legature stretched to its maximum tension ; then the ring is crushed or clamped with strong forceps or pincers in such a wise that the fistula is included or strangulated within an elastic noose, and this tension steadily maintained until the legature in time performs the part of a knife by cutting through the sphincter, when it is discharged. This new method by the elastic legature has not only the sanction of Dittel, the inventor, but of Allingham and Sir Henry Thompson.\*

Having given my reasons for using this legature, supported by surgical authorities, I accordingly made trial of it in this case.

I returned to Le Roy with the patient, and assisted by Dr. R. Williams, proceeded to make the operation Sept. 26th, 1878. The bowels were evacuated early in the day with an enema, and Dr. Williams administered to her by inhalation a mixture of three parts of ether to one of chloroform ; she soon came under its influence, when I introduced an elastic legature into each sinus, and passed them through the common opening into the gut ; the ends of each were then brought through the circlet of lead and each one separately clamped, as I have above described. The patient, although delicate and nervous, had no untoward symptoms after the operation, with the exception of a diarrhœa on the fourth day, which soon subsided. One legature cut through on the eighth day, and the other on the tenth day. The patient was quite comfortable through the whole time of treatment, excepting the slight looseness of the bowels above mentioned, and made a rapid recovery. A little gap or cleft made by the division of the sphincter did not entirely heal for some weeks, but she always had perfect control of her bowels, and at this time, three months after the operation, she is quite well.†

\*See Braithwaite's Retrospect, Part 69, 1874, page 108 and 179. Also Elastic Legature in anal fistula, and directions for its use, by Wm. Allingham, M. D., *Phila. Med. and Surg. Reporter*, vol. 33, p. 153 and 110. Also Allingham upon fistula, hæmorrhoids, etc., Lindsay and Blakiston, Phil. new edition, 1879, p. 29.

†June, 1879, Patient, who had been a confirmed invalid for eighteen months previous to the operation, is now in perfect health.

After the operation I was obliged to return to St. Louis, but left the patient in charge of Dr. R. Williams, a resident practitioner in Le Roy for 25 years past, and to whose careful attention the favorable issue of the case is not a little due.

I am quite certain that experienced surgeons will not give up the knife for the elastic ligature, and the writer of this does not wish to be considered as recommending it as superior to the knife, except in special cases; but it certainly has its advantages, and these I shall take the liberty to enumerate.

**SUMMARY OF THE ADVANTAGES OF THE ELASTIC LIGATURE.**

1. Applicable as a substitute for the knife when patients are delicate, timid, possibly phthisical, and positively decline "to be cut."

2. Appropriate when the opening in the gut is situated unusually high up.

3. Operation followed by no hemorrhage.

4. Patients not necessarily confined to bed after the operation, but may go in the air, and in some instances even pursue their ordinary avocations.

5. Little suppuration after the operation.

6. Recovery usually rapid.

7. Operation in many cases may be performed at the surgeon's office, and patient get up from the operating chair and go home without discomfort.

8. Wound commences to heal at once, or as soon as the ligature begins to cut its way through, and Allingham says: "*When the ligature, if it has been well applied, has cut its way out, the wound is often very nearly healed.*"

Lastly, Dr. Wm. Allingham adds: "I do not consider the elastic ligature can ever supplant the knife in the treatment of fistulous sinuses. In complicated cases the knife must be depended upon mainly, but I am of opinion that the india-rubber ligature is valuable in many cases as a substitute, and in others as an auxiliary to the usually employed method of excision."—*Buffalo Medical and Surgical Journal.*

## **THE AMERICAN INSTITUTE RENDEZ-VOUS.**

---

BY PROFESSOR J. W. DOWLING, NEW YORK CITY.

---

THE American Institute meets at Lake George on the 24th of June. Where is Lake George? It hardly seems possible that any person familiar with American history should be obliged to ask such a question; yet the question is asked, and that too by native born Americans, who can speak intelligibly and from actual knowledge of the Lakes of Killarney and of Lake Geneva, in Switzerland, and who pronounce the latter the most beautiful sheet of water on the bosom of the earth.

At a recent meeting of the Horicon Club held at Lake George, the Rev. Dr. Gillette said, a few years since it was his privilege, with twelve Americans, to be on Lake Geneva. After they had exhausted the English language in sounding the praises of that beautiful lake, he remarked that, if allowance was made for the snow-capped Alps, although all that had been said was true of Lake Geneva, it was not equal in beauty to Lake George. This was disputed by his American companions, when a tall foreigner, who had been listening to the conversation remarked, that he was a native of the Lake Geneva Valley, had spent his early life there, and consequently had good reason for admiration of its associations and attractions, but he had spent two summers on Lake George, and was free to say that it excelled Lake Geneva in almost every particular. The question was then asked of the twelve Americans, who had exhausted their vocabulary of expressions of admiration for the beautiful lake upon which they were sailing, "How many of you have visited Lake George?" *Only one*, and she had been taken there when a child by her parents. This is a striking illustration of the disposition Americans have to visit other countries at the expense of a knowledge of their own—their every way superior native land. The head of Lake George

is just sixty miles due north from Albany, and twenty-five from Saratoga Springs, and with its surroundings is the most beautiful spot on the face of the globe. This gem of purest water—so pure as to be transparent in places to the depth of fifty feet—was called originally by the Indians, *Horicon*, or the silvery waters; later by the French from Canada, who discovered it in 1609, *Lac du Saint Sacrement*, owing to the purity and transparency of its waters. It seemed to them as if this lake had been provided expressly for sacramental services, and for many years its waters were regularly transported to Canada to be consecrated for use in the Roman Catholic churches for baptism and other sacred purposes. It subsequently received its present name from the English, who named it after their ruling king, George I. In some places the water is known to be over 400 feet in depth. The lake is thirty-six miles long and from three-quarters of a mile to four miles wide. On each side is a high range of mountains, extending nearly its whole length. These mountains are part of the Adirondack range, which of late years has become so popular as a health resort for those suffering from pulmonary difficulties.

In approaching Lake George from Canada, or from the northern part of Vermont, a delightful sail through Lake Champlain is rendered necessary, affording a magnificent view of the Green Mountains on one side and the Adirondacks on the other. The old-established bridal trip included a sail through the rapids of the St. Lawrence to Montreal, a trip across land to Burlington, a sail through Lake Champlain to Ticonderoga, a four-mile stage ride across the narrow strip separating it from Lake George, and then a most beautiful and sublime sail of thirty-five miles through this *Lac du Saint Sacrement* to the hotels at the head of the lake where a week's honeymoon was enjoyed as it could be enjoyed nowhere else.

In approaching Lake George from the east, west or south it is necessary to pass through that exceedingly popular and well-known watering place, Saratoga. Every one knows just where Saratoga is and just how to get

there. Every one has tested the waters of this fashionable resort. Although we cannot speak enthusiastically on the subject of the cathartic effect of the waters of Horicon, we can say, that to our individual taste, to the taste of our entire circle of relatives, with the exception of one maiden aunt, the pure, blue waters of Horicon are preferable in every respect. People visiting Lake George do not realize the necessity of drinking the nauseous compounds which have given Saratoga such a reputation as a health resort.

From Saratoga we have a short railroad ride of one hour to Glen's Falls, and then a drive of nine miles through a beautiful section of country, rendered interesting by its intimate connection with colonial history and colonial wars. Bloody Pond is passed on the right, deriving its name from a terrible massacre which took place near its banks during the French and Indian war. The bodies of the slain were thrown into this pond, their blood coloring its waters red. On the left is the Williams Monument, erected to the memory of Colonel Williams, the founder of Williams College, who was killed on the spot where the Monument now stands, in the year 1755, while at the head of his command of 1200 men, having been sent by General William Johnson to attack the French General Dieskau, who was stationed a few miles east of the lake with an army composed mostly of Indians.

Then we pass Fort Gage; then, a little to the right of the main road, Fort George, which is now standing and is visited by all Lake George tourists, and, finally, we reach the Fort William Henry Hotel, which stands on the site of the old fort by that name. This fort was built by General Johnson, and became one of the strongholds of the English during the remainder of the war. It was finally, with its garrison of 500 men, taken by General Montcalm, the terms of capitulation being, that they should be allowed to march out with all the honors of war; but when the fort was given up, Montcalm found it impossible to check the ferocity of his Indians, and the garrison was massacred in cold blood.

It is in this section that the thrilling scenes of Cooper's romantic novel, "The Last of the Mohicans," are laid. A review of this interesting book would add greatly to the pleasure of the trip to Lake George this summer. It is useless to attempt to describe the places of interest on and about Lake George, although they can be seen and appreciated in a short visit; a large book closely written could not begin to do them justice. The sheet of blue, pure, transparent water, dotted in every direction with islands of every size and shape! Those mountains, grand and beautiful in the extreme! No one should think of dying without first visiting Lake George; and as life is short at best, and as we know not when we shall be called upon to shift this mortal coil, all should embrace this opportunity to attend the meeting of the American Institute of Homœopathy this year, and thus combine profit with a view of this garden spot of the world. And when you come, bring your wives and your children with you, and "your sisters, your cousins, and your aunts."—[*Hahnemannian Monthly*, June.

---

### *KINDERGARDENS VS. EYES.\**

---

BY JAS. A. CAMPBELL, M. D., ST. LOUIS.

---

[Read before the "Physicians Club" July 24, 1877.]

Of all the five senses given to man, vision is beyond question the most important; and just in proportion as it is abridged or lessened, just so far will man's sphere of activity and usefulness be interfered with; ranging according to the degree of diminution, from total to partial helplessness. With it man is a giant in strength, a hero in action, a never-ending wonder in the manifold application of his various activities and capacities; without it he is a helpless imbecile, a groping mendicant, who, if unassisted, unless he could fatten on air, would end his

\*By special request (popular and professional) we have obtained this article for publication.—[ED.]

existence in a brief week. Hence, when we stop to consider the great importance of sight to man, and how much, how very much depends upon it, it will come upon us like a new-born thought that overwhelms and astounds us, that so much indifference is manifested by mankind at large, in reference to a subject of so much vital importance. It is true that much time and talent have been devoted to the scientific application of glasses to defective eyesight, which in a great measure remedies the abnormalities of refraction; but it is only a makeshift, and is a weak effort that can only palliate; that does not prevent, but only seeks to offer a weak mechanical substitute.

The eye-ball is spherical in form, about an inch in diameter. It is suspended in the orbital cavity, surrounded by a cushion of fat, freely movable in every direction about a common centre by its muscles. It has three coats. The outer, the sclerotic, is a dense fibrous sheath, which gives it form and preserves the shape of the ball. A middle coat, the choroid, the vascular and pigment coat, is a mesh of blood-vessels, nerves and pigment. The inner coat is the retina, the terminal expansion of the optic nerve. The muscles of the ball, the four recti, and the two oblique, pass over the sides of the ball, and are inserted by their tendinous expansions, upon and anterior to its equatorial centre, and further assists in strengthening the ball at these points, leaving the posterior part of the ball uncovered; and, hence, at this location, it is the weakest. The normal or emmetropic eye is so constituted with its optical combination of cornea, lens and inner fluids, that it is enabled to focus upon the nervous retinal expansion, images of distant objects. The power to focus images of near objects, depends upon a flexibility of the lens, which is regulated by an internal muscular action, and is known as the power of accommodation.

The eye-ball may vary in two ways from its normal shape; its axis may be too short, or it may be too long. It is the latter condition which concerns us at present.



This is myopia, which may be defined, by saying it is that condition of the eye where images of distant objects are not focused upon the retina, but in front of it, whereby the image becomes blurred and indistinct. This usually depends upon a lengthened antero-posterior diameter of the eye-ball, caused by a thinning and prolongation backwards of its posterior coats. This thinning and bulging backwards is an abnormal condition, and is known as staphyloma posticum. The causes which lead to it are numerous, and may be distinctly traced.

The tendency to myopia is almost invariably hereditary, and it is generally congenital. As a rule it does not begin to manifest itself until about the fifth or seventh year, when the child first begins to notice objects closely. Myopia is rarely developed after the fifteenth year, and according to Donders, never after the twentieth year in eyes before normal. It will then be seen, that it is in childhood that the seeds of myopia are sown, and I propose, this evening, gentlemen, to offer a few remarks upon one of the causes, which, to my mind, has, and will have, much to do with bringing about and developing this condition. With these thoughts in mind, I have, for some time past, been watching the effect of Kinder Garden work upon the eyes of its little pupils, and I beg leave to thus introduce the subject to your notice.

We may, as above stated, start out with the general proposition, that the predisposition to myopia is hereditary, and that the tendency is, as a rule, congenital. The acquirement of this predisposition is comparatively rare, the transmission, when acquired, common. It has been stated that myopia is rarely developed after the fifteenth year; let us now trace the immediate reasons for this. From the construction of the eye-ball, as given above, it will be seen that the posterior portion is the weakest part, because it is unsupported there by any thing but the sclerotic coat, while, at other situations, it is strengthened by the muscles and their tendinous expansions. Again, in adult life, the sclerotic becomes firm and dense, but in childhood this external sheath, whose office is to give



support and shape to the ball, is thin and yielding like all the other infantile tissues; hence, any cause which may tend to produce any change of shape in the ball, would be most active in childhood, from this inherent want of resistance on the part of the sclerotic; and it would necessarily manifest itself at the weakest point, or, as has been above stated, at the posterior pole.

Now let us take a glance at the Kinder Garden pupil at work. His little games and plays are healthful in a high degree; they exercise the body, strengthen the memory, cultivate the voice, and brighten the comprehension. But when this is over, watch the little one. There he sits on a small bench at a low table. Before him lies his work. See his attitude. With a needle in his hand, his head bent over, he is carefully pricking little holes along a tracing on paper. This requires the utmost attention and exactness, and taxes his little eyes to the utmost. Here he braids little bright colored bands of paper. There he sews with colored silks along other fine tracings, until a beautiful flower stands out. It is tiresome, but he is making something pretty for mama, and he is a little hero. Yet, what is the condition of his eyes during this work, and what may the result be?

When we look intently at a near object both eyes are converged upon the one point under observation. This convergence is brought about by the action of the internal recti muscles. This, like all other muscular action, tends to produce congestion. When we look upon near objects the ciliary muscle is put upon a strain, which has also a congestive effect. Again, when we look at near objects, upon a table or desk before us, the head is bent over and generally the body is doubled up, preventing a freedom of action in the circulatory system; and here are two other causes of congestion of blood to the head. When the mind is active the brain has a larger blood supply, and thus the eye is all the more apt to be in a congested state. And all of this we find in our little Kindergarten worker.

Whenever a particular part of the body or organ is

exercised there is an influx of blood to that organ. Especially is this the case with the eye. As long as it maintains the proper equilibrium between the afflux and reflux of blood supply, the parts and functions maintain their normal condition. When this is interfered with either way, it becomes disease. A small increase of supply with a retarded return is congestion. A step further in the same direction is inflammation. And thus in the infantile eye, when kept in a state of prolonged congestion, the inner parts become more soft and yielding. The muscular exertion of convergence exerts a tension upon the ball, which tends to compress the ball and this being least supported at its posterior pole, there is a tendency for the ball to bulge backward at this point; and the congestion and softening of the inner tunics at this point, produced in the manner above stated, all combine to favor this result. And I now reach the point where I may make my statement, which before might have seemed unsupported or premature, and that is, that the continued and exacting use of the eyes, required in the kindergarden work, at so early an age, for the reasons I have shown, may be and is productive of the greatest injury to the present and future sight of the child. That it tends to the early development of any predisposition to myopia; a disease once developed is hard to stay; a disease, which never retrogrades, but which almost invariably increases; a disease which is more serious and to be dreaded the earlier in life it begins; a disease which when once acquired may be transmitted down through all the coming generations which may follow; which, if it became universal and was intensified in each succeeding generation by early development and progressive aggravations, would eventually lead the human race into blindness.

It may be suggested that this is a theoretical absurdity, a fanciful picture of an impossible or improbable reality; but I assure you, gentlemen, that it is a solid fact, and is not only in direct keeping with the actual condition of things as above given, but it is fully borne out by the actual results of reliable and scientific investigation.

Dr. Cohn, in Germany, examined the eyes of 10,060 school children and could distinctly trace the increase in the proportion of myopia according to the construction of the desks and the lighting of the school-rooms; or, in other words, according to those conditions under which the use of the eyes was rendered more tiresome, or induced this congestive condition above discussed.

Drs. Ayres and Williams examined the eyes of 1,264 scholars in Cincinnati, one-third of whom attended the District, one-third the Intermediate and the remaining third the High and Normal Schools. In the District schools 13.3 per cent. were near sighted; in the Intermediate schools, 13.8 per cent.; in the High and Normal schools 22.8 per cent.

Drs. Prout and Mathewson examined the eyes of 600 students at the Polytechnic in Brooklyn, N. Y., all of whom were boys. 248 belonged to the academic and 316 to the collegiate department. Of the former 9.2 per cent. were near-sighted; and the latter 21.8 per cent.

Dr. Cheatham examined the eyes of 1,020 boys in the College of the City of New York. 670 belonged to the Introductory class, 210 to the Freshman, 110 to the Sophomores and 30 to the Juniors. In the Introductory class, which is made up entirely of students who have passed the public schools, 21.9 per cent. were near-sighted. Of the Freshmen, 26.2 per cent.; of the Sophomores, 22.7 per cent.; of the Juniors examined 50 per cent. were near-sighted, although the Juniors examined were too small in number to be of much scientific value.

The tables upon which these observations were based show that Staphyloma Posticum, one of the greatest changes in progressive myopia, increased from .5 per cent. in the District schools to 7.6 per cent. in the Intermediate schools, and to 10.4 per cent. in the High and Normal. In one large school, in which the eyes of every scholar were carefully examined with the Ophthalmoscope, out of 1,000 scholars the eyes of 703 were found to vary otherwise than in refraction from the normal standard.

Now, gentlemen, these are the figures in reference to the effects of school work upon the eyes of children commencing from the ages of 6 or 7 years—the ordinary age at which the child begins his school life—but you can readily see with how much more rapidity this disease would advance if it commenced at the age of 4 or 5—the age when the little kindergarten pupil begins his work. The more certain, because of the more yielding condition of the eye at that age, and because of the very trying nature of the work which they engage in.

I am prompted to speak of these things to-night, gentlemen, because I feel that you as medical men should know the importance of the subject, for I am aware that you are often called upon to give advice in just such matters as this in reference to children, and I know after meditating upon the possible and probable effects of certain forms of kindergarten work, upon the eyes of children, you will feel it a duty to caution parents and advise them as to their proper course and duty to their children. No child who has a hereditary predisposition to myopia should be allowed to use the eyes for near work in its earlier years; and the greatest care and supervision should always be exercised over such a child in the use of its eyes all through its school life.

Myopia seems to be one of the penalties of civilization and high culture. In those nations or communities most advanced in culture, which has been attained by close study, do we find it most prevalent. In Germany, among the better classes, it is the rule rather than the exception. In our Eastern States it is very observable, and is becoming more and more prevalent, diminishing in extent as we go west until, in the border regions of the western frontier, it is almost unknown. Thus do we see it stealing upon us like a cloud.

The sense of hearing is limited in its range. The mightiest thunder peal, which rocks the earth with its terrible roar, when overhead, melts and ripples away into silence at a distance of fifteen or twenty miles. The loudest cannon crash soon limps along and lags, until at

a distance of fifty or sixty miles it too fades away into nothing. The sense of smell reaches out but a few feet from the body. That of touch requires actual contact before it knows that there is any outside world, or anything beyond this body of ours. Taste has a kingdom but a tongue's length broad. But the eye, that glorious window of the soul, where is the limit of its power? What can stay its flights? It revels in the joys about us. It roams at will in the distant landscape. It flies to the loftiest mountain top. It leaves this little world of ours and bounds out into space, penetrating its maziest and furthest depths. At 95,000,000 of miles it visits the sun: beyond—far beyond that, it pilots thought and sends back word that you twinkling point is a mighty world, whirling through space; and still it is on its way through the heavens' depths in search of new wonders and new creations. This the natural eye—the eye as it is in the normal state—and, gentlemen, it is for such an organ and for the preservation of such glorious privileges that I lift my voice to-night.

---

### **Books Reviewed.**

---

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN, BY R. LUDLAM, M. D., PROFESSOR OF OBSTETRICS AND GYNÆCOLOGY IN THE HAHNEMANN MEDICAL COLLEGE, CHICAGO. Fourth Edition. Chicago. Duncan Brothers. 1879.

These lectures, as delivered by Dr. Ludlam, are concise, and contain well-written descriptions of clinical cases, which, taken altogether, seem to cover the most important points in gynæcological practice. In this fourth edition the author introduced two additional lectures upon ovariectomy and endometritis. We are indebted to Dr. Ludlam (through his publishers at Paris) for a copy of these lectures, translated into French. We have carefully examined the French translation and can speak very highly of it, and think great credit is due to the translators, Drs. Claude and Dorion, who have so ably executed their task.

We congratulate Prof. Ludlam upon the success of his labors, and we feel gratified to know that his gynæcological contributions have been published by a house of such high standing as Messieurs V. Adrien, Delahaye, et cie, and that this work is accessible to our French brethren in their own native language.

Such a work is worthy of the perusal of students and young practitioners, but we may be allowed to suggest that we hope so celebrated a gynæcologist, as the author, will in the next edition give us his views in extenso upon intra-uterine medication in uterine catarrh and endometritis, as also a more complete report of his views regarding several questions connected with the operation of ovariectomy. We refer to the question of explorative puncture to clear the diagnosis, also the question of drainage and antiseptics.

Dr. Ludlam's reports of his own cases would also find a welcome place in any volume.

T. G. COMSTOCK, St. Louis.

Leçons Cliniques et Didactiques  
sur les  
Maladies des femmes, par  
Le Dr. R. Ludlam,

Professeur des Maladies des femmes, au College Hahnemann de Chicago.  
Membre correspondant des Sociétés Homœopathiques de France,  
d'Angleterre, des Etats de New York, et de Massachusetts.  
Membre du Comité d'Hygiène et des Salubrité Publiques de  
l'Etat d'Illinois, etc., etc.

Traduites sur la troisième édition Américaine par les docteurs.

A. CLAUDE,

Ancien chef de clinique de l'Hôpital  
Saint Jacques, secrétaire général de la  
Société Médicale Homœopathique de  
France, membre correspondant de la  
Société Homœopathique d'Angleterre,  
chevalier de la Légion d'Honneur, etc.

C. N. DORION,

Ancien médecin de l'Hôpital Hahne-  
mann de Chicago, professeur adjoint à  
la chaire d'obstétrique et des maladies  
des femmes du College Hahnemann, de  
la même ville. Membre de l'Institut  
Homœopathique d'Amérique, etc.

**THE HOMŒOPATHIC THERAPEUTICS OF UTERINE AND VAGI-  
NAL DISCHARGES, BY W. EGGERT, M. D.**

It was the startling title of this book that at first attracted our attention. We were astounded at the thought that it had been deemed necessary to call into requisition

Homœopathic therapeutics for menstrual and other physiological discharges, and the idea occurred to us that next in order would be a treatise on the therapeutics of Gastric and Œsophageal reception, including another physiological process, *i. e.*, deglutition. On a close examination, however, we found that the last named work was uncalled for, because it had been incorporated in the former, commencing with the mouth on page 288, continuing through the œsophagus, including appetite and thirst, and finishing up with the stomach, on page 332.

This book is, in fact, a perfect bonanza, as it includes the therapeutics of all the organs of the human economy, the body which encloses them, and the extremities which support them. The symptomatologist will verily revel in the luxuriance of this new pasture; but alas! for the educated physician who bases his knowledge of disease and therapeutics on the sciences of physiology and pathology, he will find here a perfect Sahara whose blinding sands of symptoms will overwhelm him at the very outset of his researches.

In the introduction, our author indulges in some threadbare buncombe about "*necessary power and knowledge*," "*delicate consciousness*," makes the usual sycophantic obeisance at the shrine of the masters Hahnemann, Hering and Dunham (peace to his ashes), and then defiantly flaunts the red rag of "*Mongrelism*" on which is inscribed "*Liberty of action*," supported by the staff of "*Licentiousness*," the *tout ensemble* of this ridiculous banner offering to his enthusiastic valor an excuse to advance bravely on what he designates as the "*battle-field of medical stupidity*," "*An innocent uterus!*"

In the preface, the author, after enumerating ten special works from which he has gleaned, supplemented with the statement that the whole Homœopathic literature of this country and Europe has been brought into requisition, modestly asks indulgence for omissions and shortcomings. This is uncalled for, as any one can satisfy himself, if he has time, that nothing in the way of symptoms in their minu-



test relationship has been omitted or overlooked, and this, aside from the typographical appearance and dress of the book, is about all that can be said in its favor.

It appears incredible that any one man could gather up so many symptoms relating to this subject; indeed, our author has figuratively cast his seine into the great ocean of *materia medica*, and brought out everything in it that has the remotest application to "Uterine and Vaginal Discharges," and this book, if it serves no other purpose, must be a monument to his Herculean labor.

WM. C. RICHARDSON, St. Louis.

LOCALIZATION IN DISEASES OF THE BRAIN—CHARCOT, WM.  
WOOD & Co, PUBLISHERS; NEW YORK.

This is a collection of twelve lectures by the celebrated French neurologist Charcot. The chapters on the arterial circulation of the brain are especially interesting and instructive, and with regard to this subject, Charcot shows from the researches of Duret, Heubner, Vulpian and himself, that the standard works on anatomy are incorrect in numerous particulars. With reference to points of cerebral substance, especially liable to softening, he mentions two systems of nutrient arteries (well known, however), the *long or medullary arteries*, and the *short or cortical arteries*. These vessels ramify throughout the cerebral substance, the terminal fibres of each system approaching the other, but not anastomosing or connecting in any way, thus leaving a poorly-nourished neutral ground between the two, that for this reason, is especially liable to *lacunal senile softening*. Further on he shows that peripheral intra-encephalic hæmorrhage is quite uncommon as compared with central intra-encephalic hæmorrhage; and as a reason, that the central system on vessels are larger, and that they are also what he calls *terminal arteries*. By terminal arteries he means vessels that do not anastomose, but plunge directly into the part they supply, and end there without connection with other vessels. Their size, and their inability to relieve them-



selves from over-distension in the ordinary way renders them liable to rupture. A very clear and concise description of the vessels forming the circle of Willis is given, but particular attention is paid to the middle cerebral or Sylvian artery and its branches. The *external striated arteries* given off from this vessel are divided into the *lenticulo-striated arteries* or anterior group, and the *lenticulo-optic arteries* or posterior group. One of the arteries of the anterior group of considerable size, from its liability to rupture, should be named, he says, the *artery of cerebral hæmorrhage*. He repeats what is well known, however, that softening of the entire optico-striated bodies produces, as a constant symptom, cerebral hemiplegia, with cerebral hemianæsthesia. From the observations of Turck, Rosenthal, Veyssiere, Rendu, and himself, he concludes that lesions affecting the lenticulo-optic region of the internal capsule is followed by the characteristics of hysterical hemianæsthesia. By means of an ingenious instrument—a trocar with a concealed spring—pressure is suddenly made upon particular portions of the brain, and the results determined by that means. He denies that the fibres of the optic nerves and tracts decussate in the manner ordinarily described in works on anatomy. He states that this decussation is purely hypothetical, but admits that it explains, in a satisfactory manner, the facts observed in clinic. The statement is also made that extensive lesions, *limited to the gray ganglia*, are followed by symptoms of a slight and transient character, while *very slight lesions of the white tract* cause decided motor hemiplegia of long duration, and often incurable. It is an attractive, instructive and interesting book, and should be in the hands of every progressive physician.

J. MARTINE KERSHAW, St. Louis.

---

THE Hahnemann Medical College of Chicago has acknowledged the "soft impeachment," and promises to do the "square thing" in the future, and to graduate no student hereafter on less than three courses of lectures. "The good standing of Hahnemann Medical College is therefore affirmed by the Board of Health of Illinois."

## **Books and Pamphlets Received.**

---

**A TREATISE ON THE HORSE AND HIS DISEASES.** By B. J. Kendall, M. D., Enosburg Falls, Vt. 53d thousand. Price, 25 cts.

**MILLARD ON DIPHTHERIA**—Illustrated by Cases. By Henry-B Millard, M. D. Reprint from North American Journal of Homœopathy. Boericke & Tafel. N. Y. 1879.

**SPERMATORRHOEA.** By Roberts Bartholow, A. M., M. D., pp. 128, 8vo. Wm. Wood & Co., 27 Great Jones st., New York.

**THE EPIDEMIC OF 1878 AND ITS HOMŒOPATHIC TREATMENT.**—A general history of the Origin, Progress and end of the Plague in the Mississippi Valley. By Ernest Hardenstein, Vicksburg, Miss. To this is added a Treatise on the Disease. By A. O. H. Hardenstein, M. D., and other valuable Papers and Statistics from the most reliable sources. Price, 50cts. 105 pages. This certainly ought to be in the hands of every practitioner, as it contains everything worth knowing about the last year's epidemic and its triumphant management under Homœopathic Medication. It also contains all the Reports of all the Yellow-Fever Commissions, and other valuable and reliable statistics.

**CHART OF IMPORTANT SKIN DISEASES.** By T. S. Hoyne, A. M., M. D., Chicago. This is a wonderfully well arranged affair and really invaluable as a ready and convenient reference in differentiating skin affections.

**A GUIDE TO THE QUALITATIVE AND QUANTITATIVE ANALYSIS OF THE URINE.**—Designed for Physicians, Chemists and Pharmacists. By Dr. C. Neubauer, Prof., Chief of the Agricultur-Chemical Laboratory, and Docent in the Chemical Laboratory in Wiesbaden, and Dr. J. Vogel, Prof. of Medicine in the University of Halle. Translated from the seventh edition. By Dr. Elridge G. Cutter and Dr. Edward S. Wood of Boston. 8vo. 551 pp. William Wood & Co., 27 Great Jones st., New York. 1879. Cloth, \$6; leather, \$7.

**ANNUAL REPORT OF THE PACIFIC HOMŒOPATHIC DISPENSARY ASSOCIATION.** Third year.

Transactions of The Detroit Medical Library Association, April, 1879. Park, Davis & Co., Publishers.

**CIRCULAR OF INFORMATION OF THE BUREAU OF EDUCATION, U. S., No. 1, 1879.** Training School for Nurses.

**SIEBER'S ART OF SINGING.** Translated by F. Seeger, N. Y. A very scientific work from an anatomical stand-point. Useful to doctors as well as to singers.

**URETHRISMUS, or Chronic Spasmodic Stricture.** By F. N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital; Member of the British Medical Association, etc. Reprint from the "Hospital Gazette," April 19, 1879, with compliments of the author. It is a very learned and elegant brochure, and full of information in a comparatively new field.

**Editor's Brainer.**

DR. CHAS. GUNDELACH, of our city has sailed for Germany, to be absent about four months. Dr. S. B. Parsons attends to his practice till Dr. G. returns.

*Died.*—DOWLING—Wednesday, May 21st. of meningitis, Mamie, eldest daughter of Dr. J. W. Dowling of New York City, aged eleven years and six months.

THE Homœopathic Medical College of Missouri did not join the Inter-Collegiate Conference, but continues its old practice of graduating on *two full* courses of lectures.

THE "U. S. Investigator" of June 1st, re-publishes an entire six page article from the "Buffalo Medical and Surgical Reporter," without giving credit for it.

THE "Hahnemannian Monthly" of the same date did the same thing several times from other journals, and only credited to "Exc."

AT the recent meeting of the Grand Lodge of Masons in Iowa, Dr. E. A. Guilbert made the chief address in his characteristic, learned and eloquent style.

REV. LEICH, graduate of the "St. Louis Homœopathic Medical College, of Missouri," known here as "Moore's College," has been denied admission into the Wisconsin State Homœopathic Society by its Board of Censors.

DR. J. R. HAYNES, of Indianapolis, is waging war against the dairymen, and the impure milk sold in that city. With his little microscope, he challenges them and reveals their iniquities, and pleads for the lives of the little children.

DR. SAM'L POTTER's article on "The Logical Basis of the High Potency Question" in the June "Hahnemannian Monthly," is one of the most valuable and scholarly papers that ever appeared in Homœopathic literature. The young Briton of the Northwest burns the midnight oil, and gives us new treasures we are glad to possess.

OUR Prof. Foulon, Bachelor of Laws and Lecturer on Jurisprudence, has lost his *prudence*, and got married, at the summer-solstice with the mercury climbing to the roof of the Thermometer. "Whom the Lord loveth, He chasteneth." "Whom the gods love die early." We shall miss him. *Pax vobiscum!*

DR. C. H. GOODMAN, of this city, takes charge of Prof. Everett's practice during the latter's absence in Colorado. People must not think because a doctor is an editor he is not a good practitioner. Editors become the most scientific men we have, and in the practice of medicine none surpass them. It is fast becoming so with our Dr. Goodman, of the "St. Louis Homœopathic News."

DUNCAN BROS., of Chicago, have again appeared among our list of advertisers. They surely know the utter folly of having goods to sell and not acquainting the profession of their value. Besides the books they are constantly giving us, they have now come into the possession of a stock of reliable medicines and physicians' sundries, which they offer at low figures.

**LACTOPEPTINE.**—This preparation, which is a composition of Pepsin, Pancreatine, Diastase, or Vegetable Ptyalin, Lactic and Hydrochloric Acid, and Sugar of Milk, is acquiring a great reputation, both in England and America, in the treatment of many forms of Dyspepsia and wasting diseases of children. We have used it in several cases with remarkably beneficial results, and we feel certain the Profession will not be disappointed in its effects. It is also an excellent remedy in Gastritis, Vomiting in Pregnancy, Dysentery and Diarrhoea of children. Pepsin is undoubtedly a valuable remedy in many forms of Dyspepsia, but it does not seem to meet all the indications fulfilled by Lactopeptine.—[*Canada Lancet*, April, 1878.]

**Homœopathy in Michigan.**—From all the news we get from Michigan, it seems that since Prof. Franklin's going there, the difficulties and dissensions in the ranks of the profession have become reconciled both inside and outside of the University, and that there is now unity and harmony. The conduct of the Homœopathic Department of the University has been referred to a committee of nine, taken from formerly opposing factions, who will hereafter control and shape the destinies of the department. They have endorsed Dr. F's. actions by electing him to the presidency of the State Society, and making him chairman of the Surgical Bureau. Money has been appropriated to build a separate hospital, and all have pledged themselves to send patients for its support. It is hoped that all strife and discord is at an end, and that peace reigns in Michigan.

THE Homœopathic Medical Society of the Wabash Valley convened in Charleston, Ill., May 6th, holding its session in the M. E. Church. The society was called to order at 2 P. M., and after the reading and adoption of the minutes and communications, the president presented his annual address, which was unanimously accepted. Original and exceedingly meritorious papers were presented by Drs. Higbee, of Sullivan, Ind., Branstrup of Vincennes, Hoyt of Paris, Morse of Mattoon, and a case from practice reported by Dr. Obetz, of Paris. Lively and animated discussions ensued upon the different papers, a report of which in full is the province of the secretary to publish for the good of the cause. Dr. Owens, of Kansas, was made a member. The society then elected officers for the coming year, and adjourned to meet in Paris, Ill., in November next. One of the most pleasant features of the occasion was, the lecture in the evening, to a much appreciative audience, by Prof. T. P. Wilson, of Cincinnati, entitled, "Who is the Doctor," which was handled in that easy, graceful, yet *masterly* manner, so characteristic of the speaker. After the lecture the society repaired, in company with a few guests, to the residence of the subscriber, and discussed the merits of supper. Though we are young, and our number few, yet this convention is another triumph for Homœopathy, as the like was never before known in Charleston, and Allopathy had better ask of her sentinels on the towers, "Watchman, what of the night?"

G. B. SARCHET.

CHARLESTON, May 28, 1879.

[Indianapolis Herald, June 9.]

**THE YELLOW PLAGUE—IT MAY COME NORTHWARD AT ANY TIME, AND NOTHING CAN BE DONE TO PREVENT IT.**—Dr. William H. Holcolmbe, an eminent yellow fever physician of New Orleans, being in the city for a few days, a "Herald" reporter called on him for the purpose of getting his views on the subject to which he has devoted so much time and study. The Doctor received the the "Herald's" representative very kindly, and was ready to give whatever information he possessed on the topic suggested. The interview was substantially as follows:

**REPORTER.** Learning that you have had much experience in the treatment of yellow fever, I called to make a few inquiries concerning it.

**DOCTOR H.** Yes, I was through the epidemic of 1853 in New Orleans, and all the subsequent ones, including that of 1878. I have attended over a thousand cases of the disease.

**REP.** In what respects, if any, did the epidemic of last summer differ from those of previous years?

**DR. H.** There was no material difference, except that it attacked a larger number of children and persons who had been through previous ones, and considered themselves proof against it.

**REP.** The people of the north attributed the virulence of the disease to the bad sanitary condition of southern cities. What have you to say about that?

**DR. H.** Like every other theory about yellow-fever, the facts do not seem to bear it out. New Orleans was in no worse condition than usual. Indeed, it was in the same condition from 1858 to 1867, and from 1867 to 1878, during which intervals we had no yellow fever at all (or none worth mentioning), as it was last summer. And besides, what will you say of Vicksburg, Natchez and other towns, which sit up on the hills where all kinds of filth are washed away? Memphis was not in an unusually bad sanitary condition. The fact is, while cleanliness and good sanitary regulations unquestionably contribute to the general health, I do not think they have much, if any, influence on the yellow-fever. In New Orleans, the most pestilential spot in the city was exceptionally free from the disease, while the houses of the wealthy, well ventilated and cared for, were ravaged by the plague. The simple truth is, we know very little about the primary cause of the disease. Men of great scientific learning and experience have devoted years to the study of the yellow-fever, but we have to admit that we know little more about it to-day than was known a hundred years ago. It is a mysterious, capricious disease, which comes and goes at its own pleasure. In New Orleans we have no faith at all in quarantine, and only keep it up to satisfy the people of the interior, who fancy it is a great safeguard. You can not get up any theory that can not be partially supported by facts, nor can you find any upon which the highest authorities are not divided.

**REP.** Do you have any apprehensions of a return of the plague the coming season?

**DR. H.** None whatever. The history of the epidemic leads us to expect the absence of it for several years after such a malignant attack as we had last year.

**REP.** In your opinion, doctor, is there danger of the yellow-fever prevailing to any considerable extent in the northern states?

**DR. H.** I see no reason why it should not. The intensity of the heat in your climate is greater than in ours and would tend to aggravate the disease should it visit you. It would not last so long because you get frost earlier. The prevalence of the disease years ago in Quebec, Philadelphia and other northern cities shows that it is not confined to southern latitudes.

**REP.** How is the disease conveyed from place to place?

**DR. H.** That is a question upon which there is the greatest diversity of opinion. Some have one theory and others another. We only know that the free and rapid intercourse between different sections of the country does tend to the spread of the epidemic. For instance, some years ago, when there was no railroad connection between New Orleans and the Gulf towns, yellow-fever was not known in the latter places; but as soon as they got a railroad in, the yellow-fever came with it. The communication before was only by vessels coasting from New Orleans to those places. I have no doubt but the great increase in railway communications between the North and South which has been made of late years will render the spread of the disease northward much more likely than before.

**REP.** You do not think, then, doctor, that any absolute safeguard against the disease has yet been discovered?

**DR. H.** Not by any means. As I said, its ways are past finding out. When it comes we do not know why, and when it stays away we are equally ignorant of the cause of its absence. The commission appointed by Congress to investigate the subject may be able to throw new light upon it; but that remains to be seen.

Dr. Holcome is on his way to Waukesha Springs, Wisconsin, where, with his wife and daughter, he will enjoy a short period of needed recreation.

**THE** Kansas and Missouri Valley Homœopathic Medical Society met at St. Joseph, Mo., on the 7th and 8th of May, and had a splendid meeting. President Westner and Secretary J. H. Mosely were at their respective posts. A great deal of good work was done, and a grand reception given to the visiting doctors from Missouri and Kansas. The president's address was a learned and interesting document, and the discussions on the papers presented were very valuable. Certain officers and committees were appointed, which, in order to become legal, and to conform to the new medical laws of Kansas, had to be ratified on Kansas soil. Accordingly, the entire body adjourned to East St. Joseph, across the river, in Kansas, and there convened under an ancient elm. The secretary read the proceedings had in Missouri, and on motion they were ratified, and the requirements of the new law fulfilled. The following were elected as the Examining Board of Kansas, as required by law: Drs. H. F. Klemp, Topeka; S. H. Anderson, Lawrence; J. Davis, Ottawa; G. H. T. Johnson, Atchison; James Hacock, Parsons; J. J. Edic, Leavenworth, and H. W. Miller, Independence. The society then returned to St. Joseph, Mo. During the meeting President Westner read a paper on *Otitis Medica*, which was ordered to be sent to the *ST. LOUIS CLINICAL REVIEW*. Dr. Johnson read a paper on *Materia Medica*, and Dr. Mosely on "Mistaken Identity, or High Potencies." Prof. A. C. Cowperthwait, of Iowa University, sent in a paper on "Hints on the Study of *Materia Medica*," and Dr. C. N. Hart, of Denver, sent a paper on "Malignant Diphtheria." Society adjourned to meet in Lawrence, Kansas, the first Wednesday in May, 1880.



## **Names of Advertisers in the Review.**

---

**THE NEW YORK PHARMACAL ASSOCIATION**, 2 and 3 College Place; Lactopeptine; second page of cover.

**TROMMER'S EXTRACT OF MALT**, Fremont, Ohio; 2 pages.

**UNIVERSITY OF MICHIGAN**, Ann Arbor, Michigan.

**AMERICAN MEDICAL JOURNAL**, St. Louis, Mo.

**A. M. LESLIE & Co.**, St. Louis, Mo., 319 North Fifth street; Surgical and Dental Instruments.

**J. A. POZZONI'S COMPLEXION POWDER**, St. Louis, Mo.; 607 North Sixth street.

**LUYTIES' HOMŒOPATHIC PHARMACY**, St. Louis, Mo.

**PULTE MEDICAL COLLEGE**, Cincinnati, Ohio; J. D. Buck, M. D., Registrar, 305 Race street.

**ALOE & HERNSTEIN**, 300 North Fourth street, St. Louis, Mo.; Surgical Instruments and Physician's Supplies.

**CASWELL, HAZARD & Co.**, Manufacturing Chemists, New York; Mensman's Peptonized Beef Tonic.

**WM. WARNER & Co.**, 1228 Market street, Philadelphia; Ingluvin, a Powder Superior to Pepsin of the Hog.

**HANCE BROS. & WHITE**, Manufacturing Chemists, Philadelphia; St. Louis depot, Raboteau & Co., 714 North Fifth street.

**J. MARTINE KERSHAW**, M. D., Fourteenth and St. Charles, St. Louis; Diseases of the Spine, Brain, and general Nervous System.

**WM. C. RICHARDSON**, M. D., 615 Locust street, St. Louis, Mo.; Obstetrician and Gynecologist.

**MILWAUKEE HOMŒOPATHIC PHARMACY**, 171 Wisconsin street, Milwaukee, Wis.; Lewis Sherman, A. M., M. D., Proprietor.

**ORTHOPRAXIC INSTITUTE**, 1402 Olive street, St. Louis, Mo.; for treatment of Spinal deformities; E. A. Griveaud, M. D., Surgeon in charge.

**THE CINCINNATI MEDICAL ADVANCE**, T. P. Wilson, M. D., Editor; \$2.00 a year.

**JOHNSON'S COMMERCIAL OR BUSINESS COLLEGE**, 212 North Third street, St. Louis, Mo.

**CHAS. SCHLEIFFARTH**, 608 North Fourth street, St. Louis; Trusses, Supporters, Shoulder Braces, Artificial Limbs, etc.

**COW-POX VIRUS**, from Missouri Vaccine Farm; R. M. Higgins, M. D., Manchester, Mo.

**ADOLPHE UHLEMAYER**, M. D., 1411 Salisbury street, St. Louis, Mo.; Chronic Diseases a Specialty.

**E. A. GRIVEAUD**, M. D., 1402 Olive street, St. Louis, Mo., Surgery and Diseases of Women a Specialty.

**PHILO G. VALENTINE**, A. M., M. D., 1308 Chouteau avenue, St. Louis; Throat and Lung Diseases a Specialty.

**HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA**, A. R. Thomas, M. D., Dean, 1628 Locust street, Philadelphia.

**NEW YORK HOMŒOPATHIC MEDICAL COLLEGE**, John W. Dowling, Dean, 313 Madison avenue, New York.

**BOSTON UNIVERSITY SCHOOL OF MEDICINE**, I. T. Talbot, M. D., Dean, 66 Marlborough street, Boston, Mass.

**HAHNEMANN MEDICAL COLLEGE AND HOSPITAL**, of Chicago, Ill.; T. S. Hoyne, M. D., Registrar, 817 Wabash avenue, Chicago, Ill.

**IODIA, ALTERATIVE UTERINE-TONIC AND APERIENT**, Prepared by Battle & Co., Chemists, 100 South Main street, St. Louis, Mo.

**HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI**, St. Louis, Mo.; Twenty-first annual session; G. S. Walker, M. D., Dean, 2809 Washington avenue; Philo G. Valentine, A. M., M. D., Registrar, 1308 Chouteau avenue.

**LEIBIG LABORATORY AND CHEMICAL WORKS Co.**, New York.

**DUNCAN BROTHERS, HOMŒOPATHIC PHARMACY AND PUBLISHING HOUSE.**

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., JULY 15, 1879.

NUMBER 5.

---

## *INFANTILE REMITTING FEVER.*

*One of a Course of Lectures Delivered in the Homœopathic Medical College of Missouri to the Class of 1878-9.*

BY W. A. EDMONDS, M. D., PROFESSOR OF DISEASES OF CHILDREN.

The group of symptoms constituting this disease does not seem to have received anything like distinct rank and recognition until within the present century. Any claim to such recognition has recently been extensively ignored by French and English physicians and authors, under the plea that the disease is essentially *typhoid*, and identical with the typhoid disease of adults. That points of resemblance do exist, is admitted; the fact of identity is not established. The two diseases are alike insidious and gradual in their modes of approach. Show a strong tendency to similar protracted duration in spite of the best directed treatment; each has occasional miliary or efflorescent cutaneous phenomena, and are much alike in in brain, pulmonary and intestinal complications. But the points of divergence are numerous and well founded. For instance, Infantile Remittent is found to prevail in latitudes, localities, and seasons of the year where adult typhoid is infrequent. In the Southern States of America typhoid fever is so rare as scarcely to be regarded as a disease belonging to such latitude. Proba-



bly the same might be affirmed of Southern latitudes generally ; while Infantile Remittent is largely prevalent in tropical latitudes and warm seasons of the year. If typhoid diseases show a tendency to prevail in warm climates it will most likely be in the winter season as a complicated addenda to the pneumonias frequently prevalent in the rural districts of warm climates, while Infantile Remittent will be much more likely to occur in the warm weather of summer and autumn. Typhoid fever is largely a disease of adults ; Infantile Remittent is an affliction of childhood. Typhoid is rarely aborted or cut short by treatment, but runs a protracted duration with a mean average of four weeks ; Infantile Remittent is frequently cut short and completely relieved within the first week by appropriate treatment. The cerebral, pulmonary and intestinal lesions and complications are neither so frequent, violent or dangerous, nor the pathological appearance upon the cadaver so pronounced and well marked in Infantile Remittent as in typhoid disease. The period of peril in the infantile fever is during the first week, from convulsions ; that of the typhoid disease at the end of four to six weeks by a general waste, prostration and putridity. The peculiar red, dry, scurfy state of the tongue and sordes of the gums and buccal cavity of typhoid are non-apparent in the infantile disease. The cutaneous appearances of typhoid are less frequent and not so well marked in the infantile fever. In typhoid fever the fever is continuous, and if somewhat paroxysmal is not likely to be periodical. In infantile fever periodicity is well marked as to remission and recurrence of the fever, the disease being both paroxysmal and periodical. The strong tendency and proneness to nervous prostration and putridity in the adult fever is much greater than in the infantile disease. Typhoid fever is at times eminently contagious ; it is exceedingly doubtful if any such power of self-propagation attaches to the infantile complaint. The mode of death and rate of mortality is essentially different in the two forms of fever. In typhoid fever the mortality is much greater than in the infantile

fever, and is most likely to occur at the end of a very protracted duration. In the infantile cases, if death does not occur within the first week from convulsions or other cerebral and spinal complications the cases usually get well. In the adult cases convulsions are rare, brain and spinal complications of any kind are less frequent, less violent, rarely fatal. As before remarked death is by a slow process of attenuation, prostration and putrescency involving protracted duration. In childhood's remittent the leading evidences of functional disorder are gastric and cerebral. In typhoid the lungs and small intestines suffer both functionally and organically.

Finally, the modes and results of treatment suitable to the two forms, or conditions of disease furnish substantial grounds for the distinction sought to be established.

To the medical practitioner there is a certain popular, convenient resource in treating the two diseases as identical.

If the fever be styled typhoid, there is a popular as well as professional expectation that duration will necessarily be protracted. If the case be diagnosed as remittent there is both a popular expectation as well as demand that relief shall be prompt, peremptory.

This fever is not confined to the cities or the rural localities; it may and does prevail in either. It shows a preference for warm climates, and the warm weather of summer and autumn rather than winter. The probable age for invasion is from two to ten years. A prominent European author thought under his observation, boys showed a much greater liability to attacks than girls.

In American experience, neither race or sex seems to have had any influence as to prevalence.

**THE NAME.**—Infantile, which both custom and authority have attached to this disease, is a regular misnomer, as it rarely attacks children until they are well passed the infantile period, but much more surely attacks those who are in years remote from the period of infancy. But, rather than add to the jargon and jumble of our already complicated and multifarious nosology and

technology, it may be better to adhere to that which both custom and authority have so thoroughly established.

**CAUSE.**—In very many instances this does not seem even apparent; in others, neither well established or understood. In very many cases errors in diet play an important part, such as excessive quantity, defects in quality, irregularity or insufficiency of interval; each and all leading to local digestive disorders, especially of the stomach, with defective nutrition generally. Bird, an English author and practitioner of prominence, in his translation of Buchut's work on diseases of children from the French to the English, has a note on infantile remittents, in which he states that he found quite a number of his cases, especially in the upper circles of society, attributable to simple excess in quantity of food. Much complication in the number of dishes at a given meal, with an undue proportion of animal food, may be set down as an important factor. If to these be added the mal influence of hearty night meals, with a plentiful supply of nuts, saccharine articles and unripe fruits, so much the worse for our little clients. Damp and badly ventilated and poorly lighted apartments may be set down as prolific causes among the poor and destitute of our crowded city localities. The scrofulous cachexia acts powerfully as a predisposing cause, while the before named ones come into effective play as the immediate or exciting cause.

The close company which this fever in certain seasons and localities seems inclined to keep with what are known as miasmal disorders, would seem to justify the inference that it may occasionally have malarial or miasmal origin. Doubtless in very many instances, several or all of these adverse influences combined conspire to the adverse end—induction to the disease under consideration.

**THE MODE** of prevalence is sporadic rather than endemic or epidemic. It is very rarely epidemic; occasionally it assumes an endemic phase. There is not the slightest reason for supposing the fever is ever propagated in this country by contagion.

**SYMPTOMS.**—These are somewhat gradual and insidious in their onset. The child is unaccountably and indefinitely out of humor and condition for several days before anything well defined is noticeable. During this initiatory stage there is disinclination for food or exercise; poor sleep, slight excess of temperature, thirst, discontent with customary amusements, unamiable temper; until finally a decided chill, characterized by coldness of the extremities, and a demand for additional clothing, and nearness to the usual sources of artificial heat, followed by strong reaction and violent fever gives “form and shape” to the case. During the first paroxysm should the reaction be violent, and the patient lean and nervous, or fat and plethoric, the tendency to convulsions may be strong and a source of much peril. Children of the intermediate conditions, as to fatness or leanness in this as well as in other febrile disorders, seem less liable to convulsive complications. There is a strong sense of thirst, anorexia, nausea, vomiting. The tongue is furred in the middle and at the base. Through this furred surface the preternaturally elevated papillæ present a shining, red appearance, giving the surface a dotted look, with a glistening redness at the margins, and red pointed apex. The tongue is protruded in a hesitant difficult manner, with tremulous motion. In some cases the organ has excessive volume, with a broad surface, thick and blunt apex, thick uniform creamy fur, but with the inevitable dotted appearance so characteristic of the disease. The eyes are red, pupils dilated, with vigilance, restlessness and delirium. There may be alternations of vigilance and heavy profound sleep, with starting and apprehensive manner at waking. Under such an aspect of matters should there be a somewhat rapid, irregular motion of the eyelids, with the thumbs drawn into the palmar surface, the tendency to convulsions will be strong, and the condition one of much peril.

The skin is hot and dry at the beginning of the febrile paroxysm, but bathed in perspiration at the conclusion.

In most cases the cold stage is one of coolness merely,

of very transient duration, little or no rigor, or shudder, the transient coolness being confined to the tips of the fingers and toes, the tip of the nose and upper border of the ears ; in fact is so slight and transient as to be entirely overlooked by patient's nurse or other ordinary attendants.

The pulse will range from 120 to 160 to the minute, according to the mildness or violence of the symptoms. The fever thermometer in the axilla or mouth will stand at 102 to 104 or 105.

The urine is red, scanty, passed frequently with a hesitant shudder, and has a rank ammonical odor.

The bowels are more frequently confined, but sometimes present the opposite extreme of diarrhœa.

A short, hacking cough during fever is occasional, but by no means uniform as to appearance in all cases.

The febrile paroxysm is quotidian, and may elect to appear in the morning or evening, but when such election shall have been made, the time will be most punctually observed in the recurrence of symptoms, as well as in their duration, which last will usually be from six to twelve hours.

The period of abatement is usually one of remission, but in exceptional cases, and especially in the latter stages, may be one of complete apyrexia.

The first paroxysm of fever is usually the one of greatest violence and peril ; the subsequent ones growing gradually and successively milder until a critical period about the twenty-first day brings marked improvement and relief of all the symptoms. Should prompt, judicious treatment be inaugurated at the very inception the symptoms may be aborted and the case find a favorable termination during the first week. Under adverse or unfavorable surroundings with violent symptoms, the case may drag its slow length through a weary period of four to six weeks. An efflorescent rash in some cases, a miliary eruption in others, may put in appearance in the second or third week, but not at all invariable either as to time, character or fact of appearance.

COMPLICATIONS are occasional, but by no means constitute the rule; and when present embrace the brain, lungs or bowels: the brain by congestion or convulsions during the first or second day, the lungs by inflammation and the bowels by diarrhœa during the second or third week. But very many of these cases run an entire full course to conclusion by recovery or death without either or any of these complications, which fact is to be regarded as one of the marked distinctions between this disease and typhoid fever.

DIAGNOSIS—So much has already been said as to points of resemblance and difference between this fever and adult typhoid as to leave but little further to be said under this head.

Typhoid fever is a disease mainly of adults; this one, childhood from two to eight years of age; typhoid fever is nearly always in complication with the brain, lung, or intestinal disorder, both functional and organic, with persistent cough, delirium and diarrhœa; the infantile fever may, and frequently does, run an entire course with little or no other complication than cerebral congestion or convulsions during the first two or three days. The critical or dangerous period of typhoid is not reached before the end of the third week; that of the infantile fever during the first week. Typhoid fever is very frequently characterized by cutaneous eruptions; the child's fever with infrequency has either.

The infantile fever may be pretty readily distinguished from the ordinary intermittents and remittents of adults by the age of the patient; the somewhat continuous form of the fever during the first week; the red, dotted, pointed tongue, abdominal tympanites, epigastric tenderness, together with the unsuitableness of the bark as a therapeutic appliance.

PROGNOSIS—The period of peril is during the first two or three days. Should the third day be passed without cerebral congestion or convulsions the future of the case under discrete management may be regarded as decidedly safe and hopeful.

**TREATMENT — ACONITE :** Violent, general re-action, characterized by much heat, great arterial tension and activity, much thirst, restlessness, with no special localization in any particular part or organ.

**BELLADONNA**—Flushed face, red eyes, dilated pupils, headache, delirium, sudden starting while sleeping or looking.

**VERATRUM VIRIDE.**—Violent reaction, delirium, brain congestion, thumbs drawn into the palmar surface, convulsions; to be given into  $\frac{1}{10}$  to 1 drop dose of mother tincture at intervals of 20 to 30 minutes. Should cerebral congestion or convulsions prevent deglutition, the remedy to be given by enema. If violent and protracted convulsions be the special source of embarrassment, the veratrum, when given by enema, should be given in two to five drop doses, with a teaspoonful of chloroform diluted with a tablespoonful of water, and repeated every 30 minutes until some manifestation of improvement.

**GELSEMINUM.**—Moderate fever, nausea, occipital headache, much relaxation, much perspiration without corresponding febrile abatement; especially useful in cases with evidence of malarial poison; sustaining many of the therapeutic relations to this disease which the various Bark preparations do to the intermittents and remittents of adults. It acts equally well in palliation of a given febrile paroxysm, or in preventing the next recurring attack.

**BRYONIA.** Moderate fever, constipation, dry hacking cough with thoracic pain, fever at short irregular intervals, with very slight or imperfect remission.

**BAPTISIA.** Moderate fever, fiery red tongue, nausea, putrid odor about the mouth, epigastric tenderness, diarrhoea. In well-selected cases this remedy sometimes performs a beautiful service by aborting the symptoms and terminating the case within the first week of the attack.

**TARTAR EMETIC.** Fever, obstinate nausea, violent vomiting, heavy creamy coating of the tongue, constipation.

**IPECAC.** Much the same indications as for tartar



emetic, except that it is ordinarily better suited to childhood than the tartar and should have precedence in case of diarrhœa.

**MERCURIUS VIV.** Heavily furred tongue, with blunt extremity, excessive volume; yellow, mucous, thin, frequent stools with pain and straining.

**ARSENICUM.** Marked periodicity of symptoms, much prostration, unequal circulation with coolness and palor of the extremities, much thirst, epigastric tenderness, watery diarrhœa, unconscious stool, whether sleeping or waking.

**CHINA.** This remedy, and its various Alkaloids and Resinoids so much in vogue among Allopaths for all forms of fever, is of little worth in the earlier stages of infantile remittent. In the latter stages, where the symptoms become decidedly periodical and paroxysmal, with marked cold stage, hot stage, free perspiration and complete apyrexia, the Cinchona and its various preparations, especially the Quinine, come to serve us very valuable purposes.

It is greatly to be regretted that such a really valuable remedy should have been so shamefully abused in its excessive and indiscriminate use as to be very unpopular with many honest, intelligent people, and Homœopathic clients especially. When discretely used, its use is just as Homœopathic and just as defensible as any other article in the whole catalogue of therapeutic appliances.

When used indiscretely in time or quantity, it produces increased redness and dryness of the tongue, intensifies the fever, adds to intestinal and gastric irritation to the extent, in many cases, of inducing a sort of artificial or medicinal typhoid. Where the remedy may seem called for, much may sometimes be gained by the cutaneous or endermic use. Dissolve one to two grains of the Sulphas Quinine in a tablespoon of vinegar, to be well rubbed in over the abdomen and along the inner sides of the thighs. The thin, tender, sensitive skin quickly absorbs the remedy; no cinchonism results; the personal discomfort of a bad dose is obviated; the mucous membranes of the stomach



and bowels are saved from local hardship of an active but necessary remedy.

**MURIATE OF AMMONIA.** This most excellent remedy comes admirably into play under that condition of symptoms where our Allopathic friends, much to their vexatious disappointment as well as the hurt of their little clients, persist blindly in the misuse of Quinine. In the earlier stages of the fever, with red tongue, much gastric disturbance, vigilance and a general morbidity of the sensorium, Quinine, or any other preparation of the Bark, is not only a failure but a positive source of aggravation to all the symptoms, notwithstanding the paroxysmal and periodical manner of the symptoms. Under such a condition of matters the Ammonia furnishes a valuable resource. It should be given in one to two grain doses in solution at intervals of two hours, and is equally well given during the stages of pyrexia and apyrexia. In cases where there may be a co-indication for the two remedies, the Muriate of Ammonia and Gelseminum alternate very beautifully.

**DIARRHŒA.**—This symptom, as an indication of local intestinal irritation or inflammation, must now receive special consideration, under the head of treatment. For large, thin, watery stools, sometimes passed so hastily as to be involuntary, give *Veratrum Album*. For unconscious stool, with more or less stupor, give *Opium*. For simple yellow, watery stool, with or without mucus, give *Mercurius Viv.* For diarrhœa, with much pain, give *Colocynth.* For much obstinacy of large, watery stools with tendency to prostration, *China*, *Arsenicum*, *Cal. Carb.*, especially *Arsenicum*. For diarrhœa, with abdominal fullness, scanty urine, *Pulsatilla*. For dysenteric symptoms, *Merc. Corr.* *Pod.* *Colocynth.*

**WATER.** A most valuable agent in treatment of this fever; valuable both internally and externally as a beverage, bath, pack, enemata. During the first week little else will be requisite for drink or food than plentiful supplies of moderately cool, fresh soft water. It should be allowed without stint or limit, as the patient may desire.

It allays the intolerable thirst, has a cooling and emollient influence upon the heated mucous surfaces, and depurates the blood by increased cutaneous and pulmonary exhalations and increase of renal secretions. Large daily tepid enemata thrown high up into the intestines have much the same benign influence and besides serve mechanically to clear out any secretion or accumulation from the intestinal track. A hasty daily tepid bath, followed with abundant frictions to secure prompt reaction, will do much for the personal comfort of the patient as well as for the better, more favorable progress of the symptoms. The hour immediately preceding bed-time will be most opportune as a means of promoting sleep for the night. In case of great vehemence and persistence of fever, a daily wet sheet pack of thirty or forty minutes duration, to be followed by a tepid wash of the entire body may prove a most valuable resource. Should the wet sheet pack be inconvenient, or on any account undesirable, a girdle wide enough to embrace the entire trunk from the hips to the arm-pits, out of warm water, with a dry wrapper outside to keep the wet one in snug position and contact with the skin, will be a good substitute. In case of threatened trouble or danger to the brain from congestion or inflammation, great good may be accomplished by the head *douche* every two or three hours. Allow the water to fall from the mouth or spout of an ordinary pitcher in a continuous stream on the back of the head at a distance of three or four feet until at least a gallon shall have been used. The mother and child will raise a great clatter of fuss and opposition; but never heed them, as the good result will abundantly pay for the discomfort and inconvenience of such opposing clatter.

**DIET.**—As before remarked, during the first week little or no other support is requisite or desired than a plentiful supply of fresh water and pure air, as there is neither appetite or gastric function. Subsequently, a show of desire for food begins to indicate gastric ability. This indication, with the exhaustion from febrile wear and tear to the solids and fluids of the body, will render prudently

selected and suitably prepared food both proper and necessary. For this purpose good fresh cows' milk, stale bread, light animal broths, with such fruits as peaches, grapes, apples, oranges, prunes will furnish an excellent supply. The fruits should be reduced to a comminuted or pulpy condition, and be very carefully divested of their seeds, core and rind. In the further progress of the case when digestion shall have suitably increased in vigor, to the foregoing articles, eggs, oatmeal mush, rice and plainly boiled meats may be cautiously added.

**CONVALESCENCE.**—The great proneness to relapse, together with the peril incident to such relapse, renders the period of convalescence one of much interest and importance. In cases of decided relapse the symptoms will most likely assume a typhoid type, and the patient be lost. The points of importance to be guarded, are diet, exercise, clothing, temperature. Moderation and circumspection in each and all of these will ensure success and safety; excess or negligence in regard to each or any of them may be fraught with the worst of consequences. The period of convalescence should embrace at least one month, during which time the child should never be left alone, or to the management of any other than a thoroughly competent nurse. Patients with a strumous taint should be watched during this period with unusual vigilance, as a faulty or tardy convalescence may result in a most unwelcome development of such taint.

---

## *CLINIC ON DISEASES OF THE BRAIN,*

---

*Spine and General Nervous System at the Dispensary of the Homœopathic Medical College of Missouri.*

---

BY J. MARTINE KERSHAW, M. D., PHYSICIAN IN CHARGE.

---

**CASE 1.—EPILEPSY—*Gentlemen:*** This patient, aged twenty-four years, has been subject to epileptic convulsions of a violent character since he was fourteen years

of age. They usually come on during sleep. There is no premonitory shriek, but a kind of a groan, followed immediately by general convulsions of the body, frothing of the mouth, and gnashing of the teeth. His tongue is usually bitten during the attacks. When occurring in the day, they are followed by deep sleep, lasting several hours, and severe headache. His face looks bloated and red for several days after, his memory is greatly impaired, and just before and after he is very excitable, and easily made angry, even at little things. During the intervals he looks bright and cheerful, and altogether, is quite a different-looking man. A careful examination reveals no cause for the trouble. Several years ago he was struck on the head with brass knuckles, but this occurred after the attacks had begun. He has these fits every two or three weeks, generally two in a night, or a fit for two nights in succession. No other member of the family is subject to nervous disease. He has been treated with bromide of potassium, but, although the attacks were suppressed somewhat, he was not cured, and the medicine was losing its effect on him. He took the bromide for a year, constantly. We gave him Arnica,<sup>200</sup>, thinking that perhaps the injury had something to do with the epilepsy. The attacks became lighter, less frequent and he was greatly improved generally. He then had several severe seizures, when the remedy was changed to Bufo.<sup>12</sup>, three times a day, a remedy of extraordinary virtue in old rebellious cases of long standing. Belladonna, Argentum nit. Sulphur and Curare are also good remedies in old cases, while Ignatia and Hydrocyanic acid are better in new ones.

CASE 2.—EPILEPSY : This case, female, aged fifty years, past the change of life, has had epilepsy for nine years. They first began as simple fainting fits, but now are undoubted attacks of epilepsy of the violent kind. For a long time she has had the attacks every month, two or three fits occurring in thirty-six or forty-eight hours. She then has no return until the next month. All I can learn is that she makes a hurried catch for breath, is

generally convulsed, after which she is sleepy and stupid for several hours. Her memory is bad, she is sometimes silly, and is very nervous. Her bowels become constipated about the time she is to have an attack. She received Argentinum nit. <sup>6</sup> and Opium <sup>6</sup> at first, but is now taking the Nitrate alone. She may be said to be generally better. She seldom has an attack oftener than once in six weeks, and she has gone as long as eight weeks without a paroxysm. This is doing fairly well when we consider the age of the patient, the time of life at which they first began, and the length of time she has had them. Young cases are comparatively easy to treat, but those coming on late in life are always difficult. The chances are greatly in favor of a person young in years even if the attacks have lasted a long time; but when the epilepsy first shows itself late in life, when general degenerative changes are taking place, it is not always easy to help them. We will continue the Argentinum nitricum <sup>30</sup> three times a day.

**CASE 3.—POSTERIOR SPINAL SCLEROSIS — LOCOMOTOR ATAXIA:** This subject, aged thirty-four years, has been sick two years. He has no strength, and feels a numbness in his arms and legs and back, and staggers when he walks. He has pain too, in the small of his back, and a continuous sensation of pins and needles in his feet. He feels pretty strong in the morning, but is worse in the latter part of the day, and in bad weather. He staggers when his eyes are shut or he looks up at the ceiling; he can't get around well at night. When he walks he puts his heels down first and more forcibly than is common, and he does not have very good control of his feet, especially when he is not looking at them. He is constipated, sometimes going as long as eight days without stool, and he has retention of urine. He passes it without assistance, but is a long time about it. His mother was paralyzed in one arm and side (hemiplegia), and was confined to bed seven months before she died.

Previous to his sickness he worked in a pork house where he was in the habit of passing frequently from a

heated room to the ice cellar, and it was when coming up from this cellar that he first noticed his staggering.

This is, without doubt, a case of locomotor ataxia, a disease implicating the posterior or sensory columns of the cord. General anæsthesia of the parts below the seat of lesion, inco-ordination of movement, and analgesia (slow conduction of sensation), are marked features of the disease. The difficulty is often first noticed when attempting to walk in the dark, the patient stumbling and falling about the room, although he may have formerly walked perfectly well without the aid of light. An inability to move the limbs in accordance with the will is very marked in every case, and therefore we find these patients staggering about in every conceivable manner, always putting their feet just where they do not wish them to go. *The heel strikes the ground first, the foot following with a flap.* The eyes are constantly watching the feet that every movement may be exactly executed, and the walk is a zig-zag (titubating gait), from one side of the pavement to the other. A pin stuck into the flesh a quarter of an inch or more is frequently not felt for several seconds or even longer (analgesia), and then is commonly referred to some other part than the real seat of irritation. This loss of the sense of location is a common symptom of locomotor ataxia. A number of these symptoms are prominently marked in the case before us, but we cannot stop to say more about the disease at this time. We shall give this man *Ledum* 6<sup>th</sup>, three times a day. This remedy has certainly cured inco-ordination, an anæsthesia of the extremities due to functional affection of the cord; whether it will do good in cases due to organic change, such as sclerosis of the posterior columns of the cord, remains to be seen. *Belladonna*, *Atropine*, *Argentum nit.* *Picric acid*, and *Baryta carb.* are good remedies. *Rhus tox*, 3<sup>d</sup>, helped an old case materially in a short time. It should prove an excellent remedy, for there are certain symptoms characteristic of *Rhus* that are present in every case of this disease with scarcely an exception. I refer to, 1st, *aggravation from quiet, or re-*

*lief from motion*; 2d, pains of a rheumatic character in affected parts; 3d, *worse before a storm and during wet, stormy weather*; 4th, worse at night.

CASE 4.—EPILEPSY This patient, 47 years of age, has had epilepsy for 17 years. She came here first, April 2d. She has her fits more frequently at night; bites her tongue and clenches her fingers. She has a queer feeling or *aura* for about 5 minutes before the attack. Anger, fright or overwork brings it on. She had an attack three weeks before coming here. We gave her Belladonna.

April 9. Had no attack since here.

April 16. No attack this week, two last week.

She had attacks every week or two for six months before coming here. Has now a cold with sore throat, which is apt to bring it on. Did not come last week on that account. She had her last attack Sunday morning at 2. Has gone five or six weeks without an attack. She says those last week were the slightest she has had for two or three years. She has now sore throat on both sides. Has enlarged tonsils on right side; soft palate swollen; no ulceration. We have not altered her condition or surroundings, but have simply given Belladonna, and she has gone six weeks without having an attack, and then having the lightest she has had for two or three years. I think she is doing pretty well. Continue Belladonna <sup>3x</sup>; Glonoine and Nitrite of Amyl are sometimes useful in warding off an attack if the patient has warning of its approach.

A prominent author says that epilepsy coming on late in life is pretty apt to be the result of syphilis. Women may have syphilis and not know it—getting it from their husbands. Their husbands may have been a little wild in their younger days, and have conveyed the disease to their wives when they married. The effects of the disease are variable. In this case I could not discover anything of that kind. I knew of a case during the war, where a prominent and esteemed citizen had the disease, and finally died of softening of the brain. He was confined in prison when he found out he was diseased. Feeling badly,



he went to the prison doctors, and they told him he had syphilis. He had been confined for some time, so he must have contracted the disease by means of the water closet used by his companions. Afterwards he was released and went to his old family physician, but denied having syphilis. He was treated, but got worse; was subject to furious maniacal attacks, and finally died of softening of the brain.

Dr. Prewitt, of this city, has reported a case where there was no sore, although the patient had syphilis.

Patients often have syphilis and do not know it, and they deny it when they do know it. My plan is to pay no attention to what they say about it; but if they have symptoms of syphilis, to treat for it. By doing this I have cured several cases which have baffled the most earnest efforts made for their relief.

CASE 5.—SPINAL CONGESTION.—This child, aged 3 years, was run over by a spring wagon six weeks ago. A wheel is supposed to have hit the back of her head, bruising it, and then passed across the abdomen, the child lying on her back. She moans in her sleep, and has nose bleed, sometimes every other night. She can move her legs but cannot stand up, and she has pains in them and in her feet. She did not pass any urine for two days after the accident, and often goes as long now without passing it. The bladder, not the sphincter, is partially paralyzed. Her bowels are regular. She wants to drink considerably, but there are no twitching, muscular spasms, sharp darting pains in the back, or other symptoms of inflammation of the membranes of the cord. There is evidently some congestion of the cord, from which she will probably recover. If inflammation should extend to the substance of the cord she would never walk. Bleeding at the nose or ears from injuries on the head is a dangerous symptom. We shall give her Arnica <sup>3x</sup>, every three hours.

CASE 6.—TORTICOLLIS.—This is a case of tonic spasm of the sterno-cleido-mastoid muscle of the right side. The spasm is tonic, drawing the neck and chin down upon the shoulder. It is persistent throughout the day, but sub-



sides during sleep. The patient, although never bright, has become actually stupid since the onset of this disease, about eight months ago. She also has lateral curvature of the spine. Her appetite is good, and she sleeps well. I can find no cause for the difficulty. Dr. Hamilton recommends Gelseminum or Bromide of Potash in large doses. Spraying the spine with ether, and the galvanic current to the spine and affected muscles, is a mode of treatment sometimes helpful. Myotomy does not promise much. Circumcision should be performed in cases where adherent prepuce is the exciting cause. We shall apply the galvanic current to both sterno-mastoid muscles, and administer drop doses of the tincture of Cimicifuga three times a day. For the lateral curvature we shall also put her in the swing once a day.

---

### CORRESPONDENCE.

---

FORT WILLIAM HENRY HOTEL, }  
LAKE GEORGE, N. Y., June 27, 1879. }

MR. EDITOR: Perhaps it would be interesting to your readers to know something about the Annual Session of the American Institute of Homœopathy at this place, commencing the 24th inst. and continuing four days, and other matters pertaining to the advancement of Homœopathy. I left Indiana ten days ago, and came east via Cleveland, Buffalo, Albany, Hudson River, New York City to Boston. I tarried a day in Cleveland, to examine the Cleveland Homœopathic Hospital, which will be completed about the first of September next. I was received kindly by the profession of the city, and Dr. A. C. Pope, of London, Eng., and myself were invited by Dr. D. H. Beckwith to visit the Hospital building, situated on Huron street, in the most central part of the city. It is admirably arranged and constructed. All the modern improvements are utilized and all the rooms are well provided with light, pure air, heat and all the necessities of a hospital. The hospital is built of brick, trimmed with stone, having tile

roof, etc. As nearly as possible it will be fire-proof. It cost \$30,000 to \$40,000, not including the ground upon which it is built, which cost \$40,000. It will contain 100 beds, and when in running order will be entirely under the management of the ladies representing Homœopathy in Cleveland. It will be the most complete Homœopathic hospital in this country, and perhaps in the world. In Boston I was gratified to know that Homœopathy is making rapid progress, and that it is possible for the "hub of the universe"—as Bostonians put it—to become the hub of Homœopathy as well. Through the kindness of Dr. I. T. Talbot I was shown through the College and Hospital buildings. They are fine structures and well suited to the purposes for which they were erected.

It would be well for our western Homœopathic colleges to adopt the curriculum of the Boston University School of Medicine. Nothing could give Homœopathy a better standing in this country, and in the world, than such a united act on the part of our Homœopathic colleges. Two annual sessions of the Inter-Collegiate Conference of the Homœopathic Colleges of the United States have been held at Indianapolis. The standard of medical education then agreed upon has been considered by the college conference, re-assembled here. Some of our colleges refused to join the conference and be governed by its regulations; others withdrew from it, and the remainder were not willing to go on, and so the Inter-Collegiate Conference, which at one time had such a brilliant future, is now, I regret to say, *defunct*. The whole question of medical education, and a higher standard, is now referred to a college committee in the American Institute of Homœopathy.

To give your readers an idea of what this Annual Session of the American Institute of Homœopathy has been, I must tell you something of Lake George and its surroundings. Here I must borrow the language of another—"Lake George stands unrivaled as a summer resort. Nestling in a basin scooped out of one of the most lovely spots upon the surface of this, our globe; hemmed in by mountains, meadows, plains and valleys; clad in robes

of regal, ever varying splendor; resting like a sheet of molten silver high above the sea level; dotted with fairy isles that glitter like emeralds in the summer sun-light, and seem to float upon the bosom of this silvery lake like varying gems of nature; its translucent waters, sending up pictures from its lowest depths to meet the charming scenes that lie reflected on the borders of this lovely mirror, framed and set in nature's choicest brilliants. The very air and sky seem to catch the inspiration of the wondrous scenes, and sunrise, noon and sunset alike are beautiful." This lake was the scene of many thrilling events during the early Indian war, and those of 1775. On the southern extremity of the lake is situated Fort William Henry Hotel. It is here that the sessions of the Institute were held. The hotel is spacious and all were well provided for, which did much towards the success of the meeting. About 200 hundred members with families and friends were present. The president, Conrad Wesselhoeft, M. D., of Boston, opened the session with a well-timed address. He reviewed the progress of the Hahnemannian School during the past year; spoke of the necessity of the appointment of a yellow-fever commission; the demand for better organizations in local, state and national medical societies; the recent advancements in science; and what remains to be done in the way of attenuating drugs Homœopathically to establish the American Institute of Homœopathy on secure foundations. The address was well received. The Necrological Report was given by H. D. Paine, M. D., of New York, in a fitting manner. He reported six deaths among the members during the past year.

The Bureau of Surgery was next in order, and proved to be under the chairmanship of George A. Hall, M. D., of Chicago, a very interesting bureau. The various surgical diseases of the urinary organs furnished the subjects of the papers. The discussions on this bureau were very short; in fact, could hardly be called anything more than explanations.

And right here it became apparent that there would be

no time for extended remarks on any bureau. Every doctor wanted to read his paper, and the most of them required more than fifteen minutes allotted them by the Institute. On this account the chairman of the Surgical bureau made several vain attempts to obtain a sectional meeting of the bureau to discuss the papers presented. This was a failure, because there had been no previous arrangement for a sectional meeting. Every bureau following this was cut short, owing to the limited time and the very many important matters to be considered. More than ever was it plain to be seen that some different programme must be followed in the American Institute hereafter, if we would make our national gathering of Homœopaths stand before the people as the most progressive medical organization in the world, and not merely *a place for doctors to congregate once in twelve months to have a "good time," vie with each other in friendly salutations, flirt with the ladies, smoke good cigars, drink champagne and lager-beer, and be present at the elections to vote for president and some fashionable watering-place at which to hold the next meeting.*

The President did all in his power to forward the business of the Institute, and deserves great credit for the able manner in which he conducted affairs. However, on the morning of the last day, the Institute was a *day behind time* in the regular order of exercises! Therefore, the question "What shall be the programme for the Institute in the future?" came up. It was discussed at length, and finally T. F. Allen, M. D., of New York, and Robt. J. McClatchey, M. D., of Philadelphia, were appointed a committee to take the whole matter into consideration, and report at the next Annual Session of the Institute.

T. P. Wilson, M. D., of Cincinnati, offered the following as a suggestion to the committee:

*Resolved*, That hereafter the order of exercises adopted by the Institute shall conform to the following general rules:

1. There shall be held one or more sessions of the Institute on each day of the Annual Session, commencing at

9:30 A. M., at which meeting there shall be transacted the regular business of the Institute, and there shall be presented also one or more papers from the bureau as hereinafter provided.

2. The chairman of the respective bureaus shall each present a paper at the general meetings of the Institute, which papers shall be read and referred to the bureau to which it belongs.

3. The several bureaus shall hold daily sessions, full notification of which shall be given to the Institute. At these sectional meetings shall be transacted the scientific work of the bureaus, and each bureau shall report its work and deliver its papers to the Institute.

This is essentially the plan adopted by the American Medical Association.

The bureau of Anatomy and Physiology came next in order after the bureau of Surgery. Some very able papers were here presented. They elicited a lively discussion, which degenerated somewhat into questions of consanguinity in marriage, and finally the "in-breeding" of cattle and other stock. One distinguished western member took the ground that he would have no objection to the marriage of persons nearly related by blood, provided that both parties could show good anatomical and physiological points. He said that the "in-bred" cattle of England are the best stock.

An eastern M. D. arose to combat the theory in a lengthy speech. He was soon called to order by another member, who wanted to know whether he was in an agricultural convention or a meeting of stock-raisers.

On the Bureau of Psychological Medicine, Seldon H. Talcott, M. D., of Middletown, N. Y., presented an excellent paper, showing marked advancement in the treatment of lunacy and nervous diseases.

It deserves a careful reading. The Hospital for Insane at Middletown, N. Y., is certainly an institution to which Homœopaths can point with pride. On our programme the next in order were reports and papers of the committee on the Law of Cure—Thomas Moore, M. D., Phila-

delphia, chairman, and of the committee on Clinical Thermometry of Puerperal diseases; H N. Guernsey, M. D., Philadelphia, chairman. Both of these committees were made very prominent in the estimation of the Institute by the entire absence of both chairmen and reports and papers. As the late epidemic of yellow-fever in the South has done so much to popularize Homœopathy in this country and force the government to recognize it, the Institute consented to bring in at this time the report of the Yellow-fever Commission appointed by the President to go south and collect facts relating to causes, methods of treatment homœopathically and otherwise of yellow fever as it made its appearance last year.

In the absence of the chairman, William H. Holcombe, M. D., of New Orleans, the report was given by J. P. Dake, M. D., of Nashville, Tenn. The facts contained in that report are already in print. The committee was discharged and the following resolutions were adopted:

The American Institute of Homœopathy, recognizing the importance of the work accomplished by the commission appointed by its president for the purpose of investigating the yellow-fever epidemic of 1878, and deeply impressed with the gratifying results exhibited during the treatment of this disease under the Homœopathic law; therefore,

*Resolved:* That the thanks of the Institute are due and are hereby tendered to the physicians comprising the "Homœopathic Yellow-Fever Commission" for their prompt response to the call of our President, for their faithful service and for the concise and thorough report which they have presented to us of their labors.

Also the following:

WHEREAS, Mrs. Elizabeth Thompson, of New York, in addition to her other well-known benefactions was so philanthropic as to furnish the Homœopathic Yellow-Fever Commission with the funds required to prosecute their researches and to prepare their report; therefore,

*Resolved:* That a committee of five be appointed by the president of the Institute to convey to Mrs. Thompson an expression of thanks for the well-timed and generous pecuniary aid given to our commission.

*Resolved:* That Mrs. Elizabeth Thompson, of New York, is hereby made an Associate member of the American Institute of Homœopathy.

**WHEREAS:** The American Institute of Homœopathy recognizes the great importance of an organization for the prevention as well as for the cure of disease; and

**WHEREAS:** It recognizes in the formation of the National Board of Health the first step to the more thorough and successful effort in this direction; therefore,

*Resolved:* That the American Institute of Homœopathy will, as far as possible, sympathize and co-operate with the National Board of Health in their efforts to advance the cause of sanitary science in this country.

T. F. Allen, M. D., of New York, followed with a report on "A Homœopathic Dispensatory." An immense amount of work has been done on the Dispensary, and a great deal remains to be done. The book will be completed in all probability by the next annual meeting of the Institute.

The morning of the second day, the Bureau of General Sanitary Science, Climatology and Hygiene came up for consideration. It was due the previous day. On this bureau a series of valuable papers were presented on home and hospital heating, draining and ventilating and diagrams were exhibited showing the plans adopted by the new Homœopathic Hospital of Cleveland, Ohio. Those who took an active part on this bureau, were Drs. D. H. Beckwith, B. W. James, A. R. Wright and E. U. Jones.

In the Bureau of Microscopy and Histology, papers were presented by C. P. Alling, M. D., J. Edwards Smith, M. D., and W. H. Winslow, M. D. The subject of the first paper was "Disease Germs."

The paper was discussed at length by T. F. Allen, M. D., who does not believe in the germ theory of disease. J. Edwards Smith, M. D., of Cleveland, gave the results of his recent microscopical examinations of triturations. His investigations on this subject are of considerable value, as he proved that the triturations made by machine



surpass all other triturations, and that beyond the fifth decimal trituration of gold, no traces of the metal can be found by the microscope.

The Bureau of Materia Medica, Pharmacy and Provings was unusually interesting. J. P. Dake, M. D., Chairman, remarked that this bureau has always been a vast hopper into which everything medicinal or otherwise has been poured without raising any questions, and that this bureau needs a thorough renovation. For this purpose the bureau has been divided as follows:

1. History of Drug attenuation in Homœopathic practice, up to the death of Hahnemann; with a statement of its objects and methods.

2. History of Drug attenuation in Homœopathic practice, since the time of Hahnemann; with a statement of its objects and methods, with especial reference to variations from those approved by Hahnemann.

3. The means employed in Drug attenuation—what they should be, and the dangers of impurity.

4. The limits of Drug attenuation; or proofs of drug presence in the attenuation above the third decimal—from the stand-point of the Scientist.

5. The limits of Drug attenuation; or proofs of the presence of medicinal power in attenuations above the sixth decimal—from the stand-point of the Therapeutist.

The Chairman of the Bureau reported on the first division, W. L. Breyfogle, M. D., on the second division and Lewis Sherman, M. D., on the third division. The bureau was here closed for want of time to finish it. These reports were full of common sense, and from a scientific stand-point cannot be overthrown. Special mention should be made of the report on the second division, which deals a death blow to Swanopathy, Skinnerism and high-potency fanaticism in general. These papers cannot be appreciated until they are read.

It was very plain to be seen that the extreme attenuationists felt that their principles were in danger and came to the rescue with numerous reports of cases cured with high attenuations. An earnest discussion followed which



was participated in by Drs. C. Pearson, T. F. Allen, Wm. Owens, S. Lilienthal, H. B. Clark, F. R. McManus, J. Edwards Smith and others. The proposition was made to the Milwaukee Test Committee by T. F. Allen, M. D., that the committee should send to him a number of vials containing the 30th attenuation of certain remedies whose names should be kept by the committee till the next Annual Session, when he would tell them the names of the remedies sent to him, having in the mean time tested them thoroughly on the human system. He further said that when he had named the remedies correctly from his experimental knowledge of them *only*, then the committee should admit the efficacy of the 30th attenuations; and he would also take them a step further, having satisfied them on one important fact, and make them admit that the 30th attenuations are more efficacious than the lower attenuations. This indeed seems like a fair proposition, and we will wait patiently to hear the result of the test.

This brings us to the excursion on the lake, which no member present will ever forget. It was a fair day and on the steamer Horicon we made the circuit of the most beautiful lake in the world. We started at 4:30 P. M. and returned at 10 P. M., a cold collation being served on board. Jno. W. Dowling, M. D., chairman of the Committee of Arrangements, received the thanks of the Institute for his hospitality. He did all in his power to make every member while at Lake George as comfortable as possible.

The special order for 11 o'clock on the third day was an address. Subject: "The Present Status of Homœopathy in England," by Alfred C. Pope, M. D., of London, a delegate from the British Homœopathic Medical Society to the American Institute of Homœopathy. He made an earnest plea for fraternal union.

I must now speak of the election of officers and the selection of the time and place for next meeting, which took place on the third day at noon. An informal vote was first taken which resulted in the nominations for

President of the following members: Wm. L. Breyfogle, M. D., Wm. H. Watson, M. D., T. P. Wilson, M. D., N. F. Cooke, M. D., Jno. C. Sanders, M. D., T. S. Verdi, M. D., T. F. Allen, M. D. and H. D. Paine, M. D. Of these, after the third ballot, T. P. Wilson, M. D., of Cincinnati, was elected by a large majority.

Geo. A. Hall, M. D., of Chicago, was chosen unanimously for Vice-President.

The candidates for Secretary were J. Heber Smith, M. D., J. C. Burgher, M. D. and W. A. Phillips, M. D. J. C. Burgher, of Pittsburgh, was elected.

E. M. Kellogg, M. D., was re-elected Treasurer.

The place of the next meeting was a matter of considerable importance to the Institute. Invitations were received from Milwaukee, Indianapolis, Chicago, Long Branch, Richmond, Va., and Put-in-Bay. Regardless of Consequences, no place except a "Fashionable Watering Place," could secure the majority of votes—Milwaukee was selected.

The election of officers and selection of time and place for next meeting will hereafter take place at 12 o'clock on the *last* day of the session. For many reasons, this is a wise provision.

Only two papers were presented on the Bureau of Clinical Medicine.

At 4 P. M. on Thursday the Annual Banquet took place. The following toasts were given:

To the memory of Samuel Hahnemann—the members rising and drinking in silence.

"Wedding of Science and Therapia," responded to A. E. Small, M. D.

American Institute of Homœopathy, *By George*, responded to by T. P. Wilson, M. D.

New York Homœopathic Medical Society, responded to A. S. Couch, M. D.

The Microscope—its usefulness in relation to medicine, responded to by Conrad Wesselhoeft, M. D.

The Ophthalmological and Otological Society, responded to by George S. Norton, M. D.

The British Homœopathic Medical Society, A. C. Pope, M. D., of London, Eng.

The Ladies, responded to by N. F. Cooke, M. D.,

Very interesting papers were presented on the bureau of Obstetrics, by J. C. Sanders, M. D.; Corn. Ormes, M. D.; O. B. Gause, M. D.; Millie J. Chapman, M. D., and C. T. Canfield, M. D.

The papers and reports on the bureau of Gynecology were referred to the publication committee without reading on motion of Prof. S. R. Beckwith, Chairman of the Bureau.

The bureau of Poedology was passed over, and the bureau of Ophthalmology was opened. The members who took part in this subject are W. A. Phillips, M. D.; F. H. Boynton, M. D.; F. Park Lewis, M. D.; W. H. Winslow, M. D., and Moses T. Runnels, M. D.

I must not close my letter without speaking of the American Homœopathic Ophthalmological and Otological Society, of which George S. Norton, M. D., of New York City, was president. The papers presented at the last meeting, which was held in the parlors of Fort William Henry Hotel, June 24th and 25th, will compare favorably with the papers presented at any other eye and ear society in this country, and you may look for a good-sized volume of proceedings of the above society in a short time. W. H. Woodyatt, M. D., the skillful and wide-awake oculist of Chicago, was elected President; Henry C. Houghton, M. D., was chosen Vice-president; F. Park Lewis, M. D., was re-elected Secretary.

Fraternally,

MOSES T. RUNNELS.

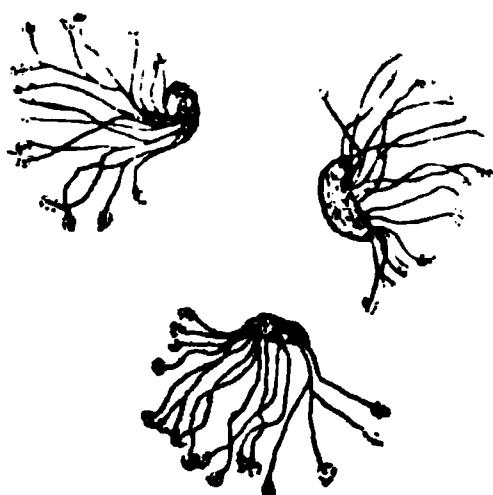
---

OFFICE OF J. R. HAYNES, M. D., }  
INDIANAPOLIS, May 29, 1879. }

*Philo G. Valentine, M. D., St. Louis, Mo.:*

MY DEAR DOCTOR—I see in your May 15 number of the CLINICAL REVIEW “An article on a supposed yellow-fever germ,” by Dr. Walter Bailey, Sr., of New Orleans. Now what I wish to know is, did you see it? or examine it yourself, etc?

Some time in the last of September or first of October I procured some blood from a patient who died of yellow-fever, which I put upon several slides, and after examining them a number of times, I found the red corpuscles broken down, a large amount of fatty substance, and by accident changed the reflector and diaphragm, when there appeared a large number of parasites in the field. I made several drawings of them under a power of six hundred diameters, and enclose you a cut with three groups of these parasites on it. The description so closely resembles their appearances, I wish to know if there is a correspondence between the doctor's and the enclosed.



**PARASITES FOUND IN THE BLOOD OF A MAN THAT DIED OF YELLOW FEVER, MAGNIFIED 600 DIAMETERS. OCTOBER, 1878. J. R. HAYNES.**

It undoubtedly belongs to the genus *Pencilium*. They were in all stages of development, some extremely small, others full grown and some passing into decay. They undoubtedly breed by throwing off when ripe, of extremely minute spores, which soon germinate. I do not pretend to say that this parasite is the cause of yellow-fever, but would like to call the attention of the profession to the subject, so that should another epidemic make its appearance, and opportunity offer, the subject may be thoroughly investigated. Yet, as far as I can see, very little benefit could possibly arise if the parasite theory could be perfectly established.

I shall seek every opportunity that may offer to more thoroughly satisfy myself upon this matter, and should be very much pleased to hear from any one who can throw any light on the subject.

Very respectfully yours, etc.,

J. R. HAYNES, M. D.

**RECTO-VESICO-VAGINAL FISTULA.**

---

BY R. O. CHAMBERS, M. D., OF WACO, TEXAS.

---

As these fistulas are of somewhat frequent occurrence, I think it not amiss to call the attention of the medical profession to a few points relative to their causes, which have been sadly overlooked by the major part of the profession.

It is a well known fact that vaginal fistula is generally met with as a sequel of protracted and difficult labors, in which it has become necessary to resort to instrumental delivery, and the obstetrical forceps is usually *censured as the cause of the fistula*, the cure of which requires the most skillful operative procedure of the gynecological surgeon. Whereas, in reality I am of the opinion that they are seldom, if ever, the actual cause except, perhaps, it be in the hands of an unskillful operator, who very seldom makes use of the forceps, and is therefore unacquainted with its indications and proper use. There seems to be an almost insurmountable prejudice towards the obstetrical forceps amongst the people, as well as with many physicians in the country. A case must become dreadful in their opinion before the use of forceps is justifiable, and then as a *dernier ressort* only.

An old practitioner said to me a few days since, that he had practiced the obstetric art for thirty years, and he had never resorted to the forceps in a single case. He had never lost but six or seven women who were not delivered. He also said that he thought a professor of midwifery that would recommend them should be excluded from the college, and prohibited from practicing the obstetric art. I am happy that men of his wisdom do not have the matter under their control.

But to return to the subject of Fistula. Fistula is usually attributed to the use of the obstetrical forceps in protracted labors. Those who entertain such an opinion adduce the argument that the mechanical pressure of the instruments causes inflammation of the soft parts and

subsequent sloughing, and hence fistulous openings. This I do not believe. The pressure exerted by the forceps is necessarily of short duration, and consequently can not cause any great degree of inflammation or sloughing of soft parts.

But there is another kind of mechanical pressure far more productive of fistula than the one named above. It is this: protracted labors. It is the foetal head impacted in the pelvis for hours, contusing the soft parts with ineffectual labor pains; besides impeding materially the circulation to the parts.

A labor protracted for a period of 24 to 36 hours or longer, it seems to me, would be most likely to produce irritation and inflammation followed speedily by suppuration and ulceration, ending in perforation or fistula.

I will now relate a case that came into my hands over one year ago. I think it will illustrate my meaning in regard to the forceps causing fistula.

Mrs. K., æt. 22., confined eighteen months since. Her labor was long and difficult; the child's head almost in the world as she expressed it, for nearly 36 hours. She was finally delivered of a dead child. No instruments of any kind were used, for they could not be obtained.

A few days after her delivery she found that the urine passed out through the vagina as also did the fœces.

An examination revealed the following: near the vesical neck a fistulous opening half an inch in length, and a cicatricial band binding the uterus down in an anteverted position. Added to this was a recto-vaginal fistula. This fistulous opening is situated about one and a half inches up in the recto-vaginal septum, and was something like an inch and a half in extent. The fœces had to be washed out of the vagina, and from behind the cicatricial band; the patient had no power to control the passages from the bowels or bladder.

I think this case would indicate the danger to be greater from unnecessary delay in delivery than from the proper use of the forceps at the proper time. In the case related here, had the forceps been applied even at the last.

moment, and delivery effected, the whole trouble would have been attributed to its use; whereas, if it had been used at the proper time, the recto-vesico-vaginal fistula would have, in all probability, been prevented, and no one would have known the real benefit from its use. "Render unto Caesar that which is Caesar's." Cases similar to the one I have here related, have been recorded by Lisfranc Beisards and Dupuytren in the Hotel Dieu, Paris, in which both rectum and bladder were in communication with the vagina, induced by wearing pessaries not adapted to the parts. One of the patients died of peritonitis, but hitherto no case has been reported resulting from impaction of the foetal head, at least to my knowledge. No doubt many similar cases have occurred, but were credited to the use of instruments in delivery instead of the long continued pressure of the foetal head on the soft parts of the mother.

---

### *AN OPEN STOMACH.*

---

#### *Singular Longevity Under Very Peculiar Circumstances.*

---

In volume 2, "Appleton's American Cyclopædia," under the head of "William Beaumont, surgeon United States army, died in St. Louis, 1853; born at Lebanon, Conn., 1796," occurs the following:

"Dr. Beaumont was stationed at Michilimackinac, Mich., on June 6, 1822. Alexis St. Martin, then 22 years old, in the service of the American Fur Company, was accidentally shot, receiving the whole charge of a musket in his left side, from a distance of about one yard, which carried with it portions of his clothing, fractured two ribs, lacerated the lungs and entered the stomach. Dr. Beaumont restored him in about one year to good health, with the former strength and spirits. In 1825 Dr. Beaumont commenced a series of experiments upon the stomach of St. Martin, studying its operations, secretions, the gastric juices, etc. These experiments he re-

newed at various intervals until his death. His patient during so many years presented the remarkable spectacle of a man enjoying good health, appetite and spirits, with an aperture opening into his stomach through which the whole action of the organ might be observed."

Though the fact is not given in the *Cyclopædia*, it is true that a surgeon-general of the United States army met with St. Martin in Michigan, in 1830 or 1831, performed some experiments on him and then very selfishly published a volume about the case, in which he studiously avoided mentioning Beaumont at all.

Dr. Beaumont complained to President Jackson, and the honest old fellow wrote a letter to the surgeon-general, declaring that he expected "all surgeons in charge of Americans to act like gentlemen."

To the credit of this surgeon, be it said, he at once published a card, and very freely and properly acknowledged that St. Martin's recovery was due to Dr. Beaumont alone.

President Jackson also secured Dr. Beaumont a leave of absence for one year, in which his salary was continued, enabling him to take St. Martin to Europe, and there exhibit him, which he did, spending the year 1832 abroad.

With Dr. Beaumont's death, in 1853, much of the notice which St. Martin had attracted died away, and then the war sweeping over the country, buried it still farther out of sight. But for the notice in the "*Cyclopædia*," perhaps hardly a physician would know of St. Martin's existence, and that only shows that he was alive in 1872.

" OAKDALE, Mass., March 25, 1879.

" B V. HOAGLAND, M. D., West Union, Ohio :

" DEAR SIR—The letter sent by you to the postmaster of this place concerning Alexis St. Martin has been handed me by his son, A. St. Martin, Jr., who is a resident of Oakdale, with the request that I answer it. The elder St. Martin is still alive, and at present a resident of St. Thomas Joliette county, province of Quebec, Canada, and is 78



years old. The wound in his stomach has never closed, and at present the opening in his side is nearly an inch in diameter. His general health appears not to have been in any way affected by the curious wound in his side, but has always been excellent. For his age he is now quite strong and hearty. He has been the father of twenty or more children, of whom four are now living. Has always been a hard worker, and never suffered from lack of digestion. Mr. St. Martin, the younger, tells me also that he expects his father to return to Oakdale with his wife in June, to live with him. These facts Mr. St. Martin, Jr., gives me, and they strike me as making a remarkable case. Should you wish to know further about the old gentleman—the younger one will willingly answer what he can of the questions you may ask, and can do it through me—address your letters, at his request, to him.

“ Respectfully, HENRY F. HARRIS.”

Dr. Hoagland himself wrote a second letter, and has since received a curiously intermixed reply of English and French, which may be deciphered as follows :

“ ST. THOMAS, April 14, 1879.

“ DEAR SIR :—I received your letter, so I am glad that somebody is thinking of me. You made me many questions. I wish I could answer you as you will. But you English people are scarce in St. Thomas, so I do not know if I could suit you. First, it was about the 19th of June the accident occurred. It was a musket charged with shot ; it was about eighteen feet from me. What position now you wish to know ? It was in the left side. I have been two years without move myself, and after getting well I went to Europe with the Docteur Beaumont. I stay three months. I forgot the year. I am so old that I could not remember the year. I got married, and we have got 17 children ; 12 died and 5 living. Four of them in the State of Oakdale and one in St. Thomas. If I was rich I would like to go to the State of Ohio to see you, but I cannot go. I have no money. You told me that I must remember your father in the army. I do not.

There is so many years that it was easy to forget the name of your father and great deal more.

“Write to me if you please, and if you will send me some money I will go see to you anyway if you want me there. I am too old to work now. My son is not rich either. If I had money I would be in Oakdale now. My wife is living too there.

“Then, that is enough for the present. Write to me if you will. Write to my son to Oakdale, and I am sure he will answer you. I remember yours.

“ALEXIS ST. MARTIN.”

The case is an extraordinary one, and medical men might profit by a visit from him. The old man should be helped.

---

### **Books Reviewed,**

---

A GUIDE TO THE QUALITATIVE AND QUANTITATIVE ANALYSIS OF THE URINE. Designed for Physicians, Chemists and Pharmacists, By Dr. C. NEWBAUER, Professor, Chief of the Agricultural-Chemical Laboratory, and Docent in the Chemical Laboratory in Wiesbaden, and Dr. J. VOGEL, Professor of Medicine in the University of Halle, with a preface By Professor Dr. R. FRESENIUS, Translated from the Seventh Enlarged and Revised German Edition By Dr. ELBRIDGE G. CUTLER and Dr. EDWARD S. WOOD, of Boston. 8vo., 551 pages. New York: William Wood & Co., 1879. St. Louis: Book & News Co. Cloth, \$6.00; Leather, \$7.50.

The reputation of the respective authors is too well known to the profession at large to need any extended remarks concerning their scientific labors. This work is the most complete of its kind in the English language, and is just what the American profession has needed for a long time. In fact, we should say a work of two volumes in one, because it is really two distinct treatises on two different subjects.

The first, by Prof. Neubauer, treats exclusively of the

chemistry of the subject, and is undoubtedly the most complete treatise of that kind we have ever seen. The second, by Prof. Vogel, treats of the semiology of human urine, or the estimation and significance of the changes of this fluid. The Professor has wisely added a guide to the examination of urinary calculi and other urinary concretions chemically and with the aid of the microscope. There are three plates (18 fig.) exhibiting the different forms of crystal most commonly found in urinary sediments, and also human blood globules and pus corpuscles, also a table of colors of the urine and the spectrum of *hæmatin* and *hæmaglobin*. This part is fully equal to the first in every respect.

This work will be well received by the profession, because since the former translation of Neubauer and Vogel, published by the New Sydenham society in 1863, such vast progress has been made in all the branches of chemistry that the edition of 1863 no longer represents the present knowledge of urinary chemistry.

The short preface by Prof. R. Fresenius, written a quarter of a century ago, is of very little value to the work, and we think should have been omitted in the present edition.

From the fact that this work has passed through seven editions in Germany we may infer the value placed upon it in that fertile land of scientific investigation. The appearance of this edition, translated and revised by Drs. Cutler & Wood, of Boston, will add to the well-earned reputation of the work.

E. A. GRIVEAUD, M. D., St. Louis, Mo.

---

### **Books and Pamphlets Received,**

---

ARCHIVES DE LA MEDICINA, HOMŒOPATHICA—Second series. No. 36; Barcelona, Spain. D. Petro Rino Y. Hurtado, editor.

LA REFORMA MEDICA—ORGANO DEL INSTITUTIO HOMŒOPATHICA MEXICANA. Tomo III., numbers 8 and 9. Mexico, 1879. The above are medical journals printed in Spanish.

**CONSUMPTION AND ITS TREATMENT WITH THE HYPOPHOSPHITES.** By J. H. McArthur, M. D., Fellow of the Massachusetts Medical Society, etc. Collected from books and periodicals, foreign and American and addressed to the Medical Profession exclusively. Boston, Alfred Mudge & Son, printers, 1879.

**REPORT OF THE LONDON SCHOOL OF HOMŒOPATHY FOR 1879.** London, 25 pp. W. Davy & Son, 8 Gilbert street, Oxford street W.

**POTT'S DISEASE**—Its pathology and mechanical treatment, with remarks on rotary lateral curvature; by Newton M. Shaffer, M. D., surgeon in charge of the New York Orthopraxic Dispensary: Orthopraxic surgeon to St. Luke's Hospital, New York. Putnam & Son, Fifth Avenue, New York; 82 pp. Reviewed in August number, by Dr. Kershaw.

**THE WESTERN HONEY BEE**—A monthly devoted exclusively to bee culture. E. M. Harrison, M. D., editor, Labanon, Mo.

**ON SPASMODIC STRICTURES OF THE URETHRA**—A reply to Dr. F. N. Otis. By Henry B. Sands, M. D., Professor of the practice of surgery in the College of Physicians and Surgeons, New York; attending surgeon at the New York and Roosevelt Hospitals. A pamphlet of 16 pages.

**THE LOGICAL BASIS OF THE HIGH-POTENCY QUESTION**—Abstract of a paper read before the Milwaukee Academy of Medicine by Sam'l Potter, M. D. April, 1879. (Reprint from the Hahnemannian Monthly of June, 1879.) We expressed a good opinion of this paper in the June Review.

**MUNCHAUSEN MICROSCOPY**—Comments on the work of a Microcrith. By Sam'l Potter, M. D., Milwaukee, Wis. (Reprint from the Hahnemannian Monthly, July 1879.) Prof. Sam. Jones has here found "a foeman worthy of his steel," a scholar who can use the quill even better than himself. The race is between the two Samuels, with the odds in favor of the handsome young Englishman from Milwaukee.

**MARSDEN'S PRACTICAL MIDWIFERY.** Reviewed in our next. By Prof. W. C. Richardson, St. Louis, Mo.

**HOMŒOPATHY VINDICATED**—A Reply to Dr. Joseph Kidd's "Laws of Therapeutics." By E. W. Berridge, M. D., author and editor, Liverpool, England. From the author. Thanks! Price, 2 shillings. Adam Holden, 48 Church street.

**THE TREATMENT OF SKIN DISEASES.** By Robert Liveing, A. M. and M. D., Contab, F. R. C. P., London. Lately Physician and Lecturer to Middlesex Hospital, and Physician in charge of the Skin Department. Fourth edition. Revised and enlarged. 127 pages. William Wood & Co, publisher, 27 Great Jones st., New York. 1878. Reviewed in our next.

**BLANKS OF PHYSICIANS' RETURN OF HEALTH.** A small bound book. From the Department of the Interior, Census Office, Washington, D. C., May 15th, 1879. Francis A. Walker, Superintendent of Census.

**NATIONAL BOARD OF HEALTH BULLETIN**—For the week ending June 28, 1879. Vol. I., No. 1. Washington, D. C. 12 pages. This we are very glad to get, and hope our friend on the Board, T. S. Verdi, M. D., will continue to remember us.

**SCRATCHES OF A SURGEON.** By Wm. Tod. Helmuth, M. D., of New York. Published by Wm. A. Chatterton & Co., Chicago, Ill. 120 pp.

---

## Editor's Box.

---

**CLEVELAND, O., July 5.—BODY SNATCHERS SENTENCED.**—Judge Hamilton to-day passed sentence in the case of the doctors and janitor convicted of concealing the body of the late Edwin French, Esq. Drs. Schneider and Smith, of the faculty, were fined \$500 each and costs, and the janitor \$250 and costs.

*Dear Dr. Valentine.*—You will please send the REVIEW to me at Waco, Texas. I am going to remove to Waco for the practice of surgery and ophthalmology. I will write you again soon.

BENTONVILLE, ARK., July 1.

R. O. CHAMBERS, M. D.

**PROF. FRANKLIN AND THE UNIVERSITY OF MICHIGAN.**—During the past two weeks we have been delighted to see our distinguished friend and colleague Prof. E. C. Franklin, several times at his former residence in this city. He has returned to the field of his former labors, only for a short time, to make final preparations for a permanent residence hereafter at Ann Arbor, the seat of the University of Michigan. A professorship was offered him in our staunch old college here, but he declined it and will devote his entire time and abilities henceforward to the advancement of the Homœopathic Department of Michigan University.

It is now the sole pride and ambition of his life, that the school over which he presides as dean and professor of surgery, shall become recognized at an early day as the leading Homœopathic Medical College in the world. And to this most desirable end, he is bending every thought and throwing all the enthusiasm of his ardent nature. His health was never better nor his spirits more buoyant, and it was a positive pleasure to have him speak in praise of the intelligence of the profession and the people of Michigan—the liberality of its legislation, and of the desire of the Regents of the University to give Homœopathy a fair chance, and on an equal footing with the old school. All his acquaintances and friends here believe that it is best for Homœopathy, best for the future of the University, and best for him, as a brilliant lecturer and standard author, that he should remain in the University of Michigan—occupying the remainder of his days in the highest position within the gift of the Directory.

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., AUGUST 15, 1879.

NUMBER 6.

---

## *REPORTS FROM EMINENT AUTHORS ON THE USE OF CONDENSED MILK.*

---

JOSEPH C. GUERNSEY, M. D., PHILADELPHIA, PA.

---

[Read before the Homœopathic Medical Society of the County of Philadelphia.]

GENTLEMEN: At the February meeting of this society I had the honor of presenting for your consideration a paper on "How Condensed Milk is Prepared; its use as an Article of Diet for Infants." Shortly subsequent to my reading this paper and prior to its appearance in the pages of the "Hahnemannian Monthly," I conceived the idea of obtaining the testimony of physicians in general, regarding their experience in the use of this article, to see how it accorded with my own. With this end in view I addressed postal cards of inquiry to a large number of physicians, chosen haphazard from the Homœopathic directory, in New York, Brooklyn, Philadelphia, Baltimore, Washington and Pittsburgh, asking a series of questions which I will state later. I received forty-three replies. From this number only seven have been otherwise than decidedly favorable to its use; and of these seven, three reported "too limited experience to speak decidedly either way in the use of condensed milk." The remaining thirty-six unite in recognizing the great value of condensed milk as an indispensable dietetic for infants, *particularly during the heated term.* To the following physicians I desire to acknowledge my indebtedness for

their prompt replies: From New York City, Drs. A. Berghaus, E. Carleton, Jr., J. W. Dowling, E. Guernsey, A. K. Hills, B. F. Joslin, C. Le Beau, S. Lilienthal, C. S. Lozier, H. D. Paine, S. Swan, S. H. Talcott, J. H. Thompson, J. McE. Wetmore, A. Wright—15. From Brooklyn, Drs. J. B. Elliott, W. M. L. Fiske, E. Hasbrouck, J. L. Keep, H. Minton, R. C. Moffat, E. Nott, S. E. Stiles, P. P. Wells, E. J. Whitney, W. Wright—11. From Philadelphia, Drs. B. F. Betts, O. B. Gause, H. N. Guernsey, James Kitchen, R. J. McClatchey, M. Macfarlan, C. S. Middleton, J. C. Morgan, C. Neidhard, S. T. Rogers, R. Sargent, A. R. Thomas, M. M. Walker—13. From Baltimore, Drs. M. Brewer, H. R. Fetterhoff, E. C. Price—3. From Pittsburgh, Dr. J. H. McClelland—1. Total, 43.

Some of the letters go into the subject of general dietetics at too great a length, I regret to say, for publication, though containing much practical information; but they all express an opinion on the use of condensed milk. Abstracts of these letters, then, which bear directly upon the subject in hand, I propose to bring before this society. I may state in general terms that as a rule I find my own experience amply corroborated by that of others, both in the favorable results obtained from the use of condensed milk, and in about the same proportion of mixture with water, as I reported in my paper last February. These facts tend greatly to assure me that I am on the right track and encourage me to continue my investigation of the subject. The general weight of testimony, however, seems largely to preponderate in favor of the use of the *plain, unsweetened* milk over the sweetened or "canned" milk, as will be seen in the following summary. Out of my 43 replies from physicians, those "decidedly in favor of plain, unsweetened," there were 22; those in favor of the sweetened or canned milk, 13 (of which number 8 "have never tried the plan"); those undecided or without a choice and "use either," 4; those markedly unfavorable to the use of condensed milk, 4. Total, 43. I myself am using this unsweetened milk in

my household and like it much. As a *luxury*, the plain, unsweetened milk, served fresh daily by the company's wagons, for one's cup of coffee, tea, cocoa, or chocolate, and to eat on fruit, or cereals, as oat-meal, grits, etc., stands unrivalled. This I may say is the universal testimony of all who have used it. A pitcher of this milk in full strength, stands upon the table and each one dilutes with water, or uses undiluted, to suit the taste. In tea, coffee, etc., it is simply stirred in undiluted. The purest country cream even cannot impart the same "rich deliciousness" as this plain, unsweetened condensed milk; as C. F. Chandler, Ph. D., president of the Board of Health of New York, 1876, says, "To me, coffee without condensed milk is a failure." But beyond the mere fact of its luxuriousness to the *bon vivant* is the transcendent virtue it bears, of being the superior article of diet for infants, young children and adults. Dr. P. P. Wells, of Brooklyn, writes me, "I have used this milk ever since it first came out, \* \* \* \* In lung diseases I find the unsweetened condensed milk infinitely superior to cod-liver oil, and pleasanter."

A few advantages of condensed milk, not mentioned before, are as follows: Ordinary dairy milk in being brought into the city, and rattled over the stones through the streets, undergoes an unavoidable churning. This churned or semi-buttermilk is one prolific cause of the frequent disagreeing of cow's milk, particularly in hot weather. This fault does not exist in condensed milk. And further, the process of decomposition sets in so soon in milk that thorough cleaning of the cans is of the highest importance. When the farmers bring their milk to the factory they are obliged to leave their cans until next morning and in the meantime each one is *thoroughly cleaned* by the direct application of jets of hot steam, and then is carefully aired and sunned for some hours. Farmers themselves could not so perfectly clean their cans even if so disposed; only think of the state of "fresh dairy milk," as ordinarily sold, when one batch of milk is often carelessly poured into the same cans day



after day, after nothing more than a careless rinsing out in cold water by hired help who are willing to do as little work as possible. Again, "when using cow's milk in summer, you run the risk of having the child's bowels disordered every time the cow is changed from one pasture field to another, particularly if the grass is of a different kind. Blue-grass early in the spring, then clover, then the stubble fields full of rag-weed after harvest."—(E. C. PRICE, M. D.)

A word more about my own experience in the use of condensed milk. It is no uncommon thing for me, "after directing its employment in a family where it has never been used before, to have the mother or nurse come to me in less than a week and say, "Well, doctor, I have tried that condensed milk, and I can't get along with it." On asking, "Why," she says "the child won't take it," or else, "it disagrees with the child," or "it produces vomiting or undigested stools," *lienteria*, or some other trouble. "Have you carefully followed all my directions and precautions?" I ask? "Yes," is the general reply. I then carefully review each point in detail, from the beginning, and I have not yet failed to find that some point has been neglected—in observing the proper proportions, the method of administration, or in the proper cleansing of the nursing bottles, or nipples, or something else. By correcting the mistake all goes on well in the future, and many who have been strongest in opposition become the warmest advocates. The fault is not really in the *milk*, but in the *mode* of using it. I prefer Canfield's milk to the Eagle, Swiss, or any other brand. I do not mean to depreciate the value of these brands, as they have done by far too much good in establishing the value of condensed milk in numerous households. But so often I hear the objection urged, and chiefly by physicians, "I don't like condensed milk, it contains too much sugar to be healthy for a child." This I freely admit is a valid objection and this is one chief reason why I base my preference on the use of Canfield's milk; it contains *far less* sugar than either of the fore-

going, and yet it has enough to fully preserve the milk from spoiling. (Of course in using the plain unsweetened milk the objection "too much sugar" falls to the ground.) Other physicians have reported unfavorable results, as, *e. g.*, infantile dysentery, which I think might come from the excessive amount of sugar existing in these brands. In every case where I have had children changed from other brands to the last-named, the result has been highly satisfactory to all parties concerned. I must state here that in replies received from physicians, some speak of one brand, others of another, as Canfield's, Anglo-Swiss, Eagle, Borden's, American, National, etc., each brand having its own advocates. Canfield's milk being a newer and later preparation and not being widely circulated outside of Pennsylvania, is on these accounts not nearly so well known as the older brands; and, hence, has not attained to the popularity it deserves and will acquire as it becomes better known to the profession and community at large as a reliable home product. As, however, my cards of inquiry were sent out solely with a view of ascertaining the general experience in the use of condensed milk *per se*, I shall only state in condensed form, the general results. The questions I sent out by postal cards were as follows:

1. Do you use condensed milk in your household, or in your practice; if so to what extent, and for how long a time have you used it?
2. Do you prefer the plain, unsweetened condensed milk, or the sugared, such as comes in little tin cans?
3. Have you used condensed milk for infants; if so, the plain or the sweetened, and in what proportion, *i. e.*, how much water to how much milk?
4. Have you used the plain condensed milk as a dietetic for adults in lung, diarrhoeic, or other troubles?
5. Has your general experience led you to regard condensed milk favorably or otherwise?

The answers, in alphabetical order, are as follows:

NEW YORK, March 26, 1879.—Have used condensed milk, the plain, unsweetened, for infants, for many years with good success: The milk is used exclusively in our Ward's Island Hospital. As a general thing I am a great advocate of condensed milk. A. BERGHAUS.

PHILADELPHIA, May 4, 1879.—I do not prescribe it to my patients and as a diet for infants I object to it. B. F. BETTS.

BALTIMORE, March 27, 1879.—I have used it (condensed milk) largely in private practice and in St. Vincent's Infant Asylum, under my care—for several years. The canned is far preferable. I prefer its use in hot weather to milk furnished by dairies. The latter rarely agrees in summer, owing I think to the churning it undergoes in being brought into the city and through the streets.

MARBURY BREWER.

NEW YORK, April 4, 1879.—I have used condensed milk rather extensively, for several years, in my household and in my practice. The unsweetened is best because it contains no cane sugar. The canned milk is needed if it is to be kept any considerable length of time. My general experience has led me to regard condensed milk favorably, when it is a question between it and the impure milk of commerce.

\* \* \*

E. CARLETON.

NEW YORK, March 26, 1879.—I use condensed milk, and have for fifteen years in my household for all purposes with perfect satisfaction to myself and family. *Plain* by all means. Have raised three healthy children of my own, many of others, and am raising another of my own. An excellent article of diet for adults. Very favorably.

J. W. DOWLING.

BROOKLYN, March 28, 1879.—I order condensed milk almost entirely for infants; prefer the plain unsweetened. I regard it most favorably, in our city, because most reliable in purity and as coming direct from healthy country dairies.

J. B. ELLIOTT.

PHILADELPHIA, April 10, 1879.—I have used condensed milk for infants quite extensively for a good many years. In many cases it was the only diet the infant could take; every digression from such milk would be followed by bad consequences of some kind until after the eruption of the stomach teeth. As a rule I think the condensed milk sweetened is the best and the most reliable diet for infants deprived wholly or partially of a full supply at the maternal fount. You have done good service to the profession in placing before us the method of manufacturing condensed milk and the concise manner of preparing the same for immediate use of the infant.

H. N. GUERNSEY.

BALTIMORE, April 2, 1879.—I have used condensed milk to some extent in my family and practice; mostly the plain. For infants have used the plain and sweetened; some children thrive better on one kind and others on the other, \* \* \* prefer condensed milk to ordinary dairy milk. In cities I consider the condensed milk indispensable, but as a general thing prefer the unsweetened.

H. R. FETTERHOFF.

BROOKLYN, March 28, 1879.—Have used plain condensed milk for the past seven years on my table for coffee—it taking the place of cream, the best of any form of city milk. With bottle babies I prefer the canned for these reasons: a more uniform milk—it is immaterial *where* the little one may go, there is no change in diet; consider it the nearest to "one cow's milk" we have in the city; and in a majority of cases will agree with child.

W. M. L. FISKE.

PHILADELPHIA, April 15, 1876.—I have been in the habit of using condensed milk as a food for infants deprived of the mother's milk.

After close observation during the past four years I am better satisfied with it (especially in warm weather) than any other article of food for infants and young children.

O. B. GAUSE.

NEW YORK, March 26, 1879.—Condensed milk is absolutely pure and is condensed before any chemical change can have taken place. The selection between the two is indicated by the requirements of the child; one requires more sugar, another less. In the majority of cases I think the milk in cans is preferable. My experience is decidedly in favor of condensed milk.

EGBERT GUERNSEY.

BROOKLYN, March 26, 1879.—I have made very limited use of condensed milk. Am very sorry that I cannot assist you, by conveying some information of a positive and scientific character, on the subject.

E. HASBROUCK.

NEW YORK, March 26, 1879.—I have used condensed milk both in my household and in my practice for nine years quite extensively; much prefer the *fresh*, plain unsweetened milk. As a rule, when it disagrees with infants, it is being used *too strong*. My experience has led me to regard condensed milk as a most important article of diet.

ALFRED K. HILLS

NEW YORK, March 27, 1879.—The use of condensed milk, plain, served from wagons daily, has proved in most instances quite satisfactory.

B. F. JOSLIN.

BROOKLYN, March 29, 1879.—I have used the plain unsweetened condensed milk in my household and practice for a number of years. Regard it favorably, especially as a food for children in these large cities where it is difficult to get a reliable article of pure milk.

J. LESTER KEEP.

PHILADELPHIA, April 4, 1879.—I have used condensed milk in summer complaints of children, often, and with much benefit. A milkman, a few summers since had a child very sick with summer complaint and whose life was fast ebbing away. I told him to get the condensed milk for his child. His reply was, "How can that do any good when he gets the purest country milk fresh from one cow?" He did get it, and there was an immediate improvement and final restoration to health.

JAMES KITCHEN.

NEW YORK, March 31, 1879.—I use the plain unsweetened. I believe as food for the sick where milk is preferred, condensed is the best, particularly where the stomach can bear but little.

CAROLINE LE BEAU.

NEW YORK, March 26, 1879.—Plain unsweetened; where children are brought up on it, sweetened at home with *saccharum lactis*. Condensed milk is preferable to poor milk as sold by the usual milkman.

S. LILIENTHAL.

NEW YORK, March 29, 1879. I do not use condensed milk. Have tried it several times, but like the pure simple milk best.

C. S. LOZIER.

PHILADELPHIA, May 7, 1879.—I have used condensed milk for a number of years, ever since its introduction as an article of infant's food, and to a considerable extent my general experience has led me to regard it with much favor. As a reliable food for "bottle babies," I consider it invaluable. As a preparation for such children to take when going to the seashore, it is unsurpassed. As a "bridge" to carry us safely over an attack of summer diarrhoea, cholera infantum,

or the irritation of early dentition, when the food being taken evidently disagrees, causing diarrhoea and vomiting, and you know not what to turn to, condensed milk is often a priceless boon. Whether a child could thrive for a long time under condensed milk alone, I am not prepared to say; but as a safe temporary diet for infants, in my opinion it has no equal.

R. J. MCCLATCHEY.

PITTSBURGH, May 1, 1879.—I have used condensed milk largely for ten or twelve years. I regard its use for infants who do not receive sufficient supply from the maternal fount as vastly better than the use of cow's milk in its ordinary state.

J. H. MCCLELLAND.

PHILADELPHIA, April 5, 1879.—I am in the habit of using condensed milk for children; think it better in many respects than ordinary cow's milk, although not always. Some children will take that when no other.

M. MACFARLAN.

PHILADELPHIA, April 14, 1879.—Have used condensed milk in my practice to a considerable extent and for a number of years. Regard its use favorably; I might say during hot weather almost universally, especially when it is necessary to travel or change location several times during the season. I object to the excessive amount of sugar in condensed milk.

C. S. MIDDLETON.

BROOKLYN, March 28, 1879.—Regard it favorably. Use the plain.

HENRY MINTON.

BROOKLYN, March 27, 1879.—Have used condensed milk for fifteen years in my family and among my patients. My general experience has led me to regard it as an indispensable commodity.

R. C. MOFFAT.

PHILADELPHIA, April 7, 1879.—I use condensed milk in both household and practice, as a constant means of diversified diet—have done the latter for years. I use the plain. My general experience is most favorable.

J. C. MORGAN.

PHILADELPHIA, April 6, 1879.—I have used condensed milk occasionally in my practice when no other pure milk could be obtained. On the whole I have avoided it in my practice, always preferring good cow's milk which even in cities is not difficult to obtain.

C. NEIDHARD.

BROOKLYN, April 3, 1879.—In my practice I have employed condensed milk, plain, for fifteen or more years, and in several particulars quite advantageously. \*(Especially in cases where irritability of the stomach and bowels existed, either produced from cow's milk or the use of other foods.) I am inclined to think favorably of it as a substitute for cow's milk of an uncertain quality. \* \* E. NOTT.

NEW YORK, March 28, 1879.—Have used condensed milk in my family and practice for some years; greatly prefer the unsweetened. For infants, *in the city*, recommend it in preference to any other. \* \* You will correctly infer that my predilection is favorable to condensed milk as a safe, nutritious, wholesome and manageable dietetic, especially for young children. I have rarely found one with whom it did not agree if carefully prepared and given. I would add, however, that there appears to be considerable difference in merit among the different brands.

H. D. PAINE.

\*This remark of Dr. Nott's has been echoed and re-echoed in numerous letters that I have received from other physicians. They say, "I have found condensed milk to agree with a child and be retained by the stomach when everything else utterly failed."

**BALTIMORE, April 10, 1879.**—Have used the condensed milk about ten years for infants. It does not sour easily in hot weather or in a thunder storm unless mixed in large quantities long before it is needed for use. In summer I decidedly prefer the condensed milk.

E. C. PRICE.

**PHILADELPHIA, April 5, 1879.**—Have never used condensed milk.

S. T. ROGERS.

**PHILADELPHIA, April 7, 1879.**—My experience in the use of condensed milk is limited, from the fact that I have never held it in very high favor; never having found it altogether satisfactory, I have gradually discontinued its use.

R. SARGENT.

**BROOKLYN, April 4, 1879.**—Have used it in my family and practice for several years; the unsweetened is decidedly preferable. Favorably, both for ordinary use and in disease.

S. E. STILES.

**NEW YORK, April 6, 1879.**—Seldom use it. The mistake in preparing milk for children is in using sugar instead of salt, which gives good appetite and good digestion.

S. SWAN.

**STATE HOM. HOSPITAL FOR INSANE, MIDDLETOWN, N. Y., April 28, 1879.**—When I was in charge of Ward's Island Hospital (N. Y.) used the plain condensed milk with most excellent results. For children used the sweetened. Regard its use as decidedly favorable. My idea is that in the process of preparation the natural deleterious qualities of the milk, arising from impure food or water, or bad health of the animal, are in a large degree driven away.

S. H. TALCOTT.

**PHILADELPHIA, April 22, 1879.**—Have used condensed milk in my practice for about ten years. Have never used any but the sweetened. My experience therewith has been such as to lead me to consider it an invaluable addition to the dietetics of children, and as a boon to the coming generations.

A. R. THOMAS.

Dean Hahnemann Medical College, Philadelphia.

**NEW YORK, April 11, 1879.**—Have used it about ten years; generally prefer the plain. My general experience leads me to regard it favorably, though I find children who cannot take it and also children who cannot use cow's milk but can use the condensed.

J. H. THOMPSON.

**GERMANTOWN, April 19, 1879.**—Very favorably. I use the sweetened.

M. M. WALKER.

**BROOKLYN, April 5, 1879.**—Have used condensed milk ever since its invention. Prefer the plain. Favorably.

P. P. WELLS.

**NEW YORK, April 7, 1879.**—I prefer the unsweetened condensed milk for infants. Although, undoubtedly, some infants thrive well on condensed milk, my general impression is rather unfavorable to its use, if it is at all possible to get good fresh cow's milk.

JOHN MCE. WETMORE.

**BROOKLYN, April 5, 1879.**—I have used the plain, unsweetened condensed milk for years. When artificial feeding is necessary for infants, I allow no other kind of milk but the condensed form to be used. My experience with it in my family and with children has led me to regard it as invaluable.

E. J. WHITNEY.

**NEW YORK, April 1, 1879.**—I have used condensed milk, unsweetened, to a limited extent. Cured a bad case of dyspepsia in a gentleman, accustomed to restaurant lunches, by ordering him a lunch of unsweetened condensed milk and bread.

A. WRIGHT.

BROOKLYN, March 28, 1879.—Have used unsweetened condensed milk for domestic purposes for fourteen years; we have become so much attached to it that we would not like to be deprived of it.

WM. WRIGHT.

The full directions for using this milk I described in my former article. But in general terms would remind each one that the condition of the child should be carefully noted and the milk given in that degree of strength that *seems best to agree*.

---

### *SWILL MILK.*

---

BY J. R. HAYNES, M. D., INDIANAPOLIS, IND.

---

[Read before the Indiana Institute of Homœopathy, May, 1879.]

By swill milk I wish to be understood as meaning milk from cows which are fed in whole or in part upon the refuse of starch factories, distillery waste, brewery slops or grains, or any putrid or diseased food.

Having within the past two years examined a large number of specimens of milk, which were offered for sale in this city by milk dealers, or from milk wagons, I most reluctantly say, I have not seen a single specimen that has not been *tampered* with, or, in other words, that is pure and healthy milk from healthy cows.

Healthy milk, as an article of food, no one will deny, is of vast importance to all classes of people. I need not here give the chemical and nutritive properties of pure milk from the different mammalia, for they can be found by any one in any of the text-books upon the subject, but will give the results of my own examinations of some of the different kinds of milk, or the stuff which is sold as milk, in this city.

In pure milk you will find the perfectly round milk globules of different sizes floating in a yellowish fluid; the closeness or thinness of these milk cells depends very much upon the amount of fluid put upon the slide under observation. Their varying size does not seem to be governed by any law; these forms are continuously in motion.



This regular form and freedom of movement of the globules in the fluid in which they are suspended, seems to be so constant in healthy milk as to justify the statement of many authorities, that any departure from this condition surely indicates disease ; my own experience warrants such a conclusion. There is to be observed in healthy milk a constant motion, called the Brunonian movement, the globules dancing as if instinct with life. This motion is always present in healthy milk as long as it remains fluid on the slide.

In diseased milk I have frequently observed this motion to cease at once, or to be absent altogether when first placed under the microscope. The corpuscles would collect and stick together in groups, and seemed to be glued to the slide. Having devoted considerable attention to this subject, to the specimens of milk which are sold in this city, to the manner in which cows are fed, and the kind of food given to them to furnish milk for our citizens, I have concluded to make a few drawings of their food, and of a few specimens of the living soup which which is daily sold to us as milk.

These drawings are magnified one thousand diameters, and speak for themselves. They are filled with broken-down, diseased tissue, and from three to ten different genera of animals and parasitical living forms, such as monads, bacteria, amœbæ, vibriones, micrococci, etc., are present, which live upon the putrid carcasses of the cows fed upon the leavings of the breweries, the starch factory and the distillery.

When we examine the putrid substances used as food, we find the same animal and parasitic life as is found in the milk sold in our city. The first drawing I present is what is called starch feed, and is sold to most of the dairies near the city, and is even carted thirty miles into the country, and through diseased cows comes back to us as pure country milk. It was taken from its receptacle, as it was being loaded into wagons to be carted to the cows, and mixed with distilled water, in a clean new bottle, and the drawing made immediately. The second



drawing was made after fourteen hours, and the third after forty-eight hours. If you will look at the brewer's leavings, you will find the same animal life, sporting in countless millions, as in the former specimens, and as may be seen in the fluid which is sold to us as milk, after passing through the diseased mass commonly called the cow. That these cows are diseased, we have abundant evidence, for the same animal life is found in their blood and in their flesh, which has been sold in our market as beef, a drawing of which I present to you.

Here is another of the blood from a cow, which was fed upon the putrid mass called starch feed and brewer's grains. Many of the corpuscles are broken down, as can be here recognized by the drawing.

Here is a specimen of milk which was taken fresh from the cow into a clean new bottle, thoroughly corked and wrapped up, and put upon the slide within two hours after leaving the cow. There is an abundance of broken-down diseased animal tissue, with no less than seven genera of animal and parasitical life. Here is another drawing of the same milk after eighteen hours. Here is another from another dairy, fresh from the cow, placed upon the slide within four hours. Another from another after the same time.

We now come to some of the living soup which is carted about the city and sold as milk. This, No. 1, is fresh milk from a milk wagon. It has undoubtedly been watered, as we discovered purely water insects in it. No. 2 is another specimen from another milk wagon. No. 3 is the same as No. 2, ten hours after obtaining it from the dealer. The next is the same milk after forty hours.

Another fruitful source of disease is the water supply. Cows are compelled to drink from goose-ponds, instead of from springs or running streams. Here are specimens of the water, where the dairy cows have been obliged to drink, for the last five years to my certain knowledge.

There is not the slightest doubt but that the germs of these organisms, found in swill milk, have their origin in

the body of the animal which produces it, and neither heat nor cold has any power over them. This is the fact in all cases I have observed, in which the milk has been boiled or submitted to the freezing process. Putrefaction has been hurried by the operation, while the contrary is well known to be the fact in healthy milk.

It is well known that milk has been adulterated in all countries, and most, if not all, of these adulterations become noxious to human beings. I have found some specimens adulterated with bran water, rice water, glue and gum water; emulsions of the brains of sheep, hogs, and cattle are frequently used. New milk is mixed with old skim milk, and the standard brought up by the addition of some of these substances.

That milk can be poisoned, as well as impoverished, by the food given to the animal producing it, all authorities agree. Milk may be rendered poisonous to human beings through the aliment of the cow, without seeming to injure her by the process. This fact has been frequently noticed in all civilized countries.

Milk may be rendered unwholesome or poisonous, or liable to pass into rapid putrefaction or an unwholesome condition, by food deprived of one or more of its natural elements, or from the so-called "concentrated food." The artificial methods of feeding operate more or less to the injury of the animal subjected to them, and in this way we get diseased milk from a legitimately diseased source. We depend upon natural productions for our existence, and in order that we may be healthy, these substances must exist in their natural state.

A number of instances of milk poisoning has come under my observation within the past two years, and I fully believe that one-half of the infantile deaths in this city are caused by the use of this delectable swill milk. Several cases have come under my notice within the past two weeks, and I would caution all practitioners to look well to the food given to their little patients, and especially should they be attacked with disturbed digestion, vomiting or diarrhoea, enlargement of the glands, especially

of the neck, small blood boils, sore heads, etc. The face becomes pinched up and bluish, there is a starved appearance, a ravenous appetite for enormous quantities of food, which is soon ejected; the dejections and even the whole body of the child have a peculiar putrid smell; rapid emaciation ensues, skin becomes dry, harsh and blue, the nose pinched, and there is continuous crying, enlarged abdomen, etc. When death closes the scene, the verdict of all scientific men must be, "Poisoned by Swill Milk."

---

### *THE EFFECTS OF FRIGHT.*

---

A very interesting paper "On the Effects of Fright," as exemplified in cases occurring during the bombardment of Strasbourg in 1870, has been communicated to the Medical Society of the Bas-Rhin by Dr. Reibel, who states that he was in charge of one of the ambulances established at that time for the wounded, and that the cases he describes fell under his own observation. The exercise of the medical profession at this period was, he says, no desirable occupation, since, besides the charge of the ambulances, the surgeons had to visit, at least once a day, under a shower of bombs and shells, those who were injured in their own houses. Besides many curious and interesting cases of injury, he saw a class of cases of internal disease which at the time he entertained no doubt, and subsequent consideration has only confirmed his opinion, were due to the effects of terror, induced partly by the fearful shrieks of the shells, partly by the sense of ever-present danger, partly by the fires that were of constant occurrence, and partly by the perpetually flying rumours of the number and sad condition of the wounded.

The first case he records is that of a physician, Dr. Teinturier, well known it appears to the members of the profession in Strasbourg, whose house was set on fire by a shell. Terrified, he rushed into the street, and was immediately attacked by a form of nervous delirium with

hallucinations; every possible care was bestowed upon him, but sleeplessness and agitation gave place to coma and paralysis; which were followed by collapse, and he died five days after the shock. Another remarkable case, calling to mind the "wind contusions" of the older writers, occurred in a boy about ten years of age, who was crossing the Place d'Austerlitz when a shell whizzed past his head. Greatly alarmed, he ran into his own house, saying he had been frightened, and wished to lie down, as his legs trembled under him. He was put to bed; had a rigor followed by vomiting, which was succeeded by delirium and convulsions, and death ensued in five hours. In a third case a patient liable to migraine, and therefore probably a nervous subject, suffered frequent attacks of her ordinary complaint during the first days of the siege. A month later the attacks became intermittent, and yielded to sulphate of quinine. Nevertheless, her appetite failed, she became progressively weaker, with perspirations, an outbreak of sudamina, and symptoms that resembled those of a low fever. In the course of another month sleeplessness, agitation, and delirium supervened, followed by coma, and death took place evidently from an attack of meningitis. A similar case is recorded of an elderly woman who had lived through six weeks of the siege in continual harass and anxiety, and who was suddenly seized with epileptiform convulsions, and died in a few hours. Another woman buried all her ready money in her cellar. Her house was struck and set on fire, and she had to fly for life. An attack of delirium supervened, in which the predominant idea was that she was ruined, which, however, was not the case. An apoplectic seizure with hemiplegia occurred, followed by a second and third, and death took place shortly after she had fallen into a state of great depression and complete dementia. M. Reibel gives a number of other cases of nervous affection, the disease or death where this occurred being in each instance traceable to the effects, direct or indirect, of the explosions of shells. Thus there were five cases of cerebral apoplexy, seven

cases of paralysis of the cord, four cases of mental alienation, two of epilepsy, four cases of uterine hysteric convulsions, two cases of exophthalmic goitre, and one of extreme neuralgia of the mamma. Besides these affections of the nervous system, M. Reibel observed a case of pneumonia, one of angina pectoris, one of diabetes, one of purpura, many cases of diseases of the liver, and two cases of cancer developing with extraordinary rapidity, and all more or less clearly associated with the terror and excitement of the siege. The case of pneumonia occurred in a lady fifty years of age, who was recovering from a slight attack of that disease. On the seventh day, a shell exploded in an adjoining room. The patient, excessively alarmed, felt a sudden oppression of the chest; the inflammation returned with extreme violence, and in ten hours she was dead. Though John Bull pays heavily in one shape or another for his security, the story of such occurrences as these may well lead him to give cheerfully if it effect the security of his house and home; for if so large a series of distressing cases fell under the observation of one man, how many must there be who are still suffering from the sudden and utter loss of friends and of property, and who, reduced to poverty and distress, still experience, in shattered nerves and disordered functions, the effects of that terrible bombardment.—[*Lancet*.

---

### *PLANTAGO MAJOR—A TOBACCO ANTIDOTE.*

---

BY H. C. ALLEN, M.D., DETROIT, MICH.

---

When in New York about two years ago, my attention was first called by E. M. Kellogg, M.D., to the fact that *Plantago* was a tobacco antidote who, however, threw upon Dr. Swan the responsibility of the statement.

A careful study of its pathogenesis, and the result of numerous clinical experiments on medical men and others, where its exhibition has been attended with the happiest results, have induced me to bring this fact to the atten-

tion of the profession. I do not recommend it as a "cure-all" for the tobacco disease; neither do I expect that it will even receive a fair and honest trial by many who may be "wedded to their idol," as I know there are none so incredulous as those who decline to investigate a statement or fact simply because it may conflict with their preconceived opinions, or interfere with their personal tastes or gratification.

Nevertheless it may become the means of assisting a few who may be compelled by necessity rather than choice to abandon the use of "the weed." Where there is a will, *Plantago* may help to find a way. Its greatest relief will probably be found in its ability to furnish a means of relief from the terrible craving and longing for the accustomed narcotic stimulation. That *terrible restlessness* from which the victim suffers when he first abandons the narcotic, is a very pronounced mental symptom of *Plantago*, and will probably afford the keynote for its administration in the majority of cases. I append a few of its more prominent mental symptoms from Hale's Symptomatology, fourth edition.

"General depression and despondency, though the weather is bright and beautiful.

"Impatient and restless mood, with dull stupid feeling in the brain; very irritable and morose temper; worse in the evening.

"Feeling of great prostration, with a meditative mood, and inability to associate the mind with any external object.

"Attempting to exercise the mental faculties would increase the depression.

"Great mental anxiety, pacing backward and forward in the room; then throwing one's self on the bed and rolling from one side to the other in the greatest mental agitation.

"Sleep with the most horrible and frightful dreams, which awaken me.

"Mind inactive, with a dull muddled feeling in the head."

The symptoms of the head and face also resemble the *nicotine* disease; but it is in the neuralgic group of the jaws and teeth that great benefit will be derived even by the inveterate tobacco user; it is as certain to relieve the tobacco odontalgia as *Nux Vom.* is the headache of the debauchee. In fact, it is almost without a rival in our *Materia Medica* for neuralgic affections of the jaws and teeth; but they, of course, must have the characteristics of *Plantago Major*.

Dr. Reutlinger says, "About seven tenths of the cases of odontalgia which have come under my treatment, have been cured by the administration of this remedy, *in about fifteen minutes.*" (Verified by Prof. Hale.)

Dr. Humphrey says, "I have for many years used the *Plantago* successfully in various forms of odontalgia. I doubt not that this use of the *Plantago* has been confirmed by all who took part in the proving during these intervening years."

In addition to this the admirable array of symptoms given by Prof. Hale in the last edition of his work, ought to satisfy the most skeptical, and justify its trial, at least in tobacco toothache.

I have usually prescribed it in the third or sixth dilution, but it may be used in drop doses of the tincture. I have never used it in the higher dilutions, but should not hesitate to do so if the remedy was indicated, and the lower dilutions failed me.—[*American Observer*.

---

## SANTONINE.

---

BY T. G. ROBERTS, M. D.

---

[Transactions Hahnemann Medical Association of Iowa, 10th Annual Session.]

Santonine, or Santoninic Acid, is obtained from the Cina of Homœopathic practice, or the worm-seed of commerce. Cina, or Santonica, is derived mostly from the *Artemisia contra*, which grows in Persia, Asia Minor, and other parts of the east. It is also known as Levant, Aleppo or Alexandria worm-seed. There seems to be a little

confusion as to the plant from which the worm-seed of commerce is obtained.

It seems that *Artemisia contra* has not always been exclusively used, but that the unexpanded flowers and peduncles of other species of *Artemisia* have been used. Cina contains a volatile oil and a resinous extractive matter, but doubtless the chief medicinal property is Santonine, which occurs in flat, colorless, quadrilateral prisms. It is inodorous and nearly tasteless when first applied to the tongue, but after a while it tastes somewhat bitter. The alcoholic and ethereal solutions are intensely bitter. Santonine is nearly insoluble in cold water or weak acid solutions, but dissolves in 250 parts of boiling water. Air has no effect on its crystals, but sunlight changes them to a yellow color, and consequently we often find yellow crystals mixed with the colorless ones. It is said that the yellow and colorless crystals are precisely alike, so far as their chemical relations are concerned. M. Sestini, however, says that light causes the formation of formic acid and a red resinous matter. Whether this be true or false, no one has been able to see any difference in the therapeutic effects of the yellow and colorless crystals. Santonine has a neutral reaction, but unites with alkalies to form crystalizable and soluble salts, and accordingly is very soluble in alkaline solutions. This drug has a powerful action as a parasiticide, and seems to be especially poisonous to the lumbricus, or long worm, but also acts considerably on the oxyuris vermicularis, or pin worm, especially when used locally by being mixed with lard or oil, and injected into the rectum. From several experiments that have been made, it seems that Santonine is more poisonous to worms when mixed with castor oil, than when used in its pure state. For internal use, the drug without oil is sufficiently potent, but for pin worms it is well to mix it with castor oil or lard, and use locally. The tape worm does not seem to be much affected by Santonine, although cases are on record in which it seemed to aid in its expulsion. This drug not only destroys the parasites, but at the same time acts as



a Homœopathic remedy for the disorders set up by the worms, thus having a double action.

A proving of Cina has revealed that it causes most, if not all, the symptoms that are usually observed when worms exist, and for a long time it was used in the Homœopathic School solely for its dynamic effect, and in many cases it seemed to cause the worms to disappear, and to cure the symptoms caused by the parasites, but doubtless many a child has suffered long from these intruders which Cina would not remove, when a free use of Santonine would have rapidly effected a cure, on account of its great power to destroy the worms. It seems to be settled that worms are introduced from without, and act as foreign bodies. If this be true, it is certainly rational treatment to use parasiticides, especially if they do not injure the patient, and are at the same time Homœopathic remedies for the disease caused by the parasites. We must not always expect to see worms in the stools after the use of Santonine, for if they die in the stomach they will be digested. This drug in very large doses produces a sort of paralysis with muscular rigidity, and in the manner of its action it resembles Atropine and Physostigmine. It has a narcotic effect on the brain, also occasionally acts as a diuretic, and sometimes slows the action of the heart. Convulsions, usually epileptiform in appearance, often result from overdosing. Its power to produce spasms and convulsions is very great. The muscular irritability may be completely destroyed by this agent. It has a decided action on the eyes that ought to be studied much more thoroughly. Perhaps no other drug in *Materia Medica* has a more marked effect on vision than Santonine. It produces yellow, violet, green, or even blue vision. Yellow vision is very marked, and appears in almost all cases. Hale says that in thirty cases in which Santonine was given, all had yellow, and nineteen violet vision, six hallucination of smell, and five hallucination of taste. The phenomena vary with the dose. The first degree is color-blindness, or yellow sight; the second color confusion, or violet sight. The yellow-sighted cannot

recognize certain impressions of light, for instance, pure violet color cannot be seen at all, and in mixtures of violet and yellow, the yellow predominates. In the higher degree of intoxication, when the violet sight occurs, every color can be seen, but the colors are confounded. The subject is unable to distinguish different, and even the most opposite colors. He not only confounds colors that are very different, but a great many seem all alike to him. He can hardly distinguish a single color from the rest, as each resembles an unlimited number of others. It has been contended that the cause of these phenomena is a straining of the media of the eye, but from the numerous experiments that have been made, it seems to be due to an "altered perceptivity in the nervous organ of vision itself." This remedy has been found of great service in many diseases of the eye. Hughes says that "of forty-two cases treated thirty-one were cured or improved, and these included choroiditis, retinitis, atrophy of the optic disc, pure amblyopia and retinal anæsthesia." In thirty-six cases of weakness of vision, twenty-seven recovered more or less perfectly. It has also been used in cataract with good results. It has been of great service in amaurosis, especially when it follows acute choroiditis and retinitis, also when the eyes have been injured by too close application to fine work, sewing, etc. Santonine also causes yellow, and sometimes green urine. The yellow urine appears very quickly. It has been observed in sixteen minutes after the drug was taken. Some Allopathic authorities say that after Santonine is taken it turns yellow, and by being eliminated through the kidneys, gives the urine its yellow color. The free use of this remedy often causes incontinence of urine, and is consequently, of considerable value in the treatment of enuresis, especially if caused by worms; but it may be of great service even when no worms exist. The symptomatology of Santonine is very much like that of Cina, and doubtless most of the symptoms of Cina are the result of Santonine. To say that Santonine contains all the virtues of Cina, would perhaps be saying too much;

but in certain conditions it is undoubtedly much more potent. It produces more intense and striking symptoms than Cina. It seems to be rather uncertain in its action, and should be cautiously administered. In some cases large doses can be given with impunity, while in others a small dose has caused intense cerebral irritation, and in many cases spasms. It is recorded that only two grains have proved fatal to a child; yet this drug is usually given by regulars, in two or three grain doses, two or three times a day. The following are some of the characteristic pathogenetic and clinical symptoms that call especially for this remedy:

**MENTAL SPHERE.**—Child very cross; must be nursed all the time. It wants to be kept in constant motion. The child does not wish to be touched. Delirium with light febrile paroxysms. Epileptiform convulsions, especially in children.

**HEAD AND FACE.**—Brain symptoms resembling hydrocephalus, when caused by worms. Very hot head. Face cold and pale, with cold perspiration. Pale streak down the center of the face. Pale, bloated face, with blueness around the mouth.

**EYES.**—Pupils dilated. Yellow, violet, green or blue vision. Squinting. Sunken eyes with paleness around the nose and lips. Bright sparks before the eyes, accompanied, every now and then, by a brilliant flash of light. Convulsive movements of the eyelids. “Nervous failure of sight.” Cataract.

**NOSE.**—Hallucinations of smell. Bluish pallor about the nose and mouth. Great itching of the nose. Constantly rubbing and boring the nose.

**MOUTH AND THROAT.**—Grinding of the teeth during sleep. Deep red tongue without coating. Very offensive breath in children. Tongue slightly coated white, with raised papillæ and redness on the edges. Choking sensation in the throat. Frequent desire to swallow.

**RESPIRATORY ORGANS.**—Short, hacking cough. Gagging cough. Hacking cough followed by an effort to swallow something. Spasmodic cough preceded by rigidity of the muscles and unconsciousness.

**STOMACH AND BOWELS.**—Loathing of food or ravenous appetite. Bloated stomach and abdomen, in verminous affections. Vomiting of worms. Diarrhoea after drinking. The nausea disappears after eating. Pinching pains in the region of the umbilicus. Mucus stools, with hard and distended abdomen. Itching of the anus.

**URINARY ORGANS.**—The urine turns milky on standing a short time. Green, or orange-green urine. Yellow urine. Incontinence of urine. Vibriones in the urine. Retention of urine in children. Useful in many cases of chronic cystitis.

**SLEEP.**—Restless tossing about during sleep, with wetting the bed, crying out in affright and grinding the teeth.

**FEVER.**—Worm fever. Remittent fever caused by worms. Evening chill, not relieved by external warmth. Heat mostly in the face and head; face pale. Sweat usually cold, on the hands, around the nose and on the forehead. No thirst during sweat. Trembling motion of the heart. Vomiting and great hunger during the paroxysm.

---

**MARRIAGES BY THE MICROSCOPE.**—Dr. C. Heitzman (“Archives of Medicine,” New York, January, 1879) tells us that “marriages should be allowed in doubtful cases only upon the permit of a reliable microscopist. Last season,” he says, “a young physician asked me whether I believed in the marriage among kindred. He had fallen in love with his cousin, and his cousin with him. I examined his blood, and told him that he was a nervous man, passing sleepless nights, and having a moderately good constitution. The similar condition being suspected in the lady, marriage was not advised for fear of degenerate offspring. So great was his faith in my assertions, that he gave up the idea of marrying his cousin, offering her the last chance—viz., the examination of her blood. This beautiful girl came to my laboratory, and, very much to my surprise, I found, on examination, her blood of first-class constitution. The next day I told the gentleman, ‘You had better marry her.’”

***A FEW THOUGHTS ON THE SCIENTIFIC RELATIONS OF OUR MATERIA MEDICA.***

---

BY A. C. COWPERTHWAIT, M. D.

---

It is hardly necessary to be reminded of the importance of our *Materia Medica*, as upon it, more than anything else, hinges the selection of the proper remedy and the consequent success or failure at the bedside.

Glancing over the history of medicine, we find from the earliest periods physicians have used remedies for the cure of their patients different from their daily food or drink, and besides the necessary hygienic and dietetic or mechanical appliances. These remedies were selected from all the three realms of Nature, the animal, vegetable and mineral, though probably the greater part has been of vegetable origin. How the older physicians first discovered the remedial properties of their remedies is a matter of conjecture. Accident, observation, fancy, sometimes, perhaps, a bold venture; probably all contributed to the general stock of knowledge which, in the absence of any definite method, was of rather a mixed character. That experience soon established the value of many remedies, or the danger attending their use, is natural; that such experience was naturally very deceptive and frequently led to the abandonment of remedies formerly recognized as useful, and the adoption of things that were new and unknown, was as much of a fact then as it is at the present time with the old school practice. However this uncertainty, though a serious drawback in the practice of the profession, furnished, in a great measure at least, the impulse for the introduction of various systems of medicine. Physicians went to searching for the nature of disease, and that once found it would be easy (they thought) to form a regular system of cure with its fixed and immutable laws. How futile the attempt was history teaches; the only wonder seems that though one system after another rose, shone for a while and then fell to rise no more, men still kept searching for the nature of life and disease.

While, however, the progress in this direction was nothing but a single to and fro motion, the auxiliary sciences, Anatomy, Physiology, Chemistry, etc., made actual progress until they finally took rank as real sciences, leaving therapeutics and its attendant *Materia Medica* behind in the dark to scramble on as best they might.

Such was the state of things when Hahnemann came upon the stage, who, recognizing the imperfections of the *Materia Medica*, cast about him for something more reliable. By accident, almost, he was led to examine into the effects of medicines upon the healthy, and discovering the connection existing between natural and drug disease, a new era opened itself to his vision. He had departed from the old and beaten track and struck out in a new direction, which finally led to the establishment of a new system of medicine.

As stated before, the physicians before, and many after, were seeking to discover a system of medicine by trying to unravel the *nature* of disease, in which they signally failed, as they always will, because although we know disease by its external form, by the disturbance it creates in the system, its nature is hidden from our view just as much as the nature, the essence of all natural forces, such as light, heat, chemical affinity, electricity, magnetism, gravity, etc., is hidden from our view and ever will be. We can observe the effects caused by these forces, and by observing their constant occurrence under similar circumstances, and their effect upon material bodies, we can deduct the principles or laws to which these forces are subject, and from such deductions the sciences of physics, chemistry, anatomy, etc., have sprung, but the essence of these forces we know not of. Nor is it at all material to know what this essence is, the possible discovery of it would not in the least change the laws under which they act, nor affect the sciences treating of them, any farther than to enlarge them, and perhaps bring us to new discoveries.

For instance, using an old but apt illustration, one beautifully mentioned by the lamented Dunham, and

which you probably have heard before, we have a science of optics which is based on the one hand upon the properties of light receiving or luminous bodies, and the other on the properties of light emitting or luminous bodies, and the phenomena of the two series are brought into relation to one another by the optical law of the diffusion of light. Now it makes not the least difference with regard to the action of this optical law, whether we accept the theory of emission or the theory of undulation of light; both have their adherents among opticians, but the acceptance of either the one or the other does not change in the least the optical law of diffusion. Whether the one or the other be accepted the optician still calculates unerringly the curvatures and distances of a set of lenses brought together by him in an instrument which is to fulfill a certain preconceived purpose, as that of a telescope or a microscope. Now, then, were the laws of optics based upon a certain theory of light instead of upon the observation of its effects upon different bodies, it is evident that the holders of the emission theory would of necessity have optical laws based upon that theory, and they would fall to the ground as soon as the theory of undulation was adopted, and *vice versa*.

In the same manner, using another illustration, astronomers having on one side the phenomena of one heavenly body such as the sun, and on the other those of another such as the earth with its satellite, the moon, and connecting the two by the laws of gravitation, they are enabled through it to calculate with mathematical precision the various eclipses for hundreds and thousands of years to come, without ever once enquiring into the essential nature of gravity.

So the chemist, having on one hand the properties of a base, on the other those of an acid, and connecting the two by the law of chemical affinity and definite proportion, presages precisely the result of the relative action between the two when brought in presence of one another under certain favorable circumstances. The nature of this affinity, however, is forever hid from his view.



So we see that in all natural sciences everywhere, there are two sets of phenomena, or properties of two distinct bodies or sets of bodies, and between them appears the connecting link, the law of force, which binds them in their action, producing results which can be calculated beforehand with mathematical certainty, independent of the knowledge of the essential nature of either matter or force. Upon this men may speculate and theorize to their hearts' content, but should they ever be fortunate enough to discover it, such discovery would not affect the laws of force in the least. If such discovery could possibly blot out what was before and substitute entirely new things, then the present century, with its greatest of all discoveries, the correlation and conservation of forces would have caused the greatest revolution in all natural sciences, shaking them to their very foundation. In place of this, this great discovery has only served to confirm them still more, procuring a wider range for the exercise and application of laws discovered heretofore.

Now, then, we are enabled to see how the physicians of the olden time had been following a radically wrong path. In endeavoring to find the essence of life and disease, to build a theory of cure upon such discovery, they were unwittingly pursuing an ever distant *ignus fatuus*, which led them at times into the most extravagant fancies, and the most ludicrous course of treatment.

We now enquire what course Hahnemann pursued when he left the old beaten track? He threw overboard all theory and speculation, and like the man of science who had upon the one side one set of phenomena, upon the other side another, and the two connected by laws deduced from those phenomena, so he threw away all inquiry into the nature of disease, and from the pure phenomena of disease upon the one hand, and of the pure effects of medicine upon the healthy human organism on the other, he traced out their mutual relation and found it to consist in the law of the similars expressed by him, with the well known formula, *Similia Similibus Curantur*, elevating thereby the study of medicine from



the vague and uncertain swamp of theoretical speculation to a truly scientific basis.

This is the greatest achievement of Hahnemann, the greatest glory of his discovery, a glory which will last as long as the law itself, and that is forever. It is not the discovery of the law only, nor the discovery of a way to establish a sound *Materia Medica* by provings upon the healthy, but it is the *combination* of natural disease, drug disease and the law—a trinity which brought method and order where before there was chaos, which brought recovery and permanent health when before there was suffering and death.

In later years, as was very natural, Hahnemann sought to establish a theory whereby to explain to himself and to his fellow men the nature of disease, and the *modus operandi* of cure, which was an impossibility. He did so to the best of his ability, and if we cannot accept these theories as established, we will find that it makes not one particle of difference as to Hahnemann's merit; just as in optics it makes not the slightest difference whether you accept the theory of emission or undulation of light, or for that matter whether you accept any theory of light at all. I speak of this more particularly because there has been no lack of men who thought themselves exceeding wise if they could pick a flaw in Hahnemann's theories, supposing that they were doing the world a great service, and detracting from his merits, when in fact he stood so far above them that in their own littleness they could not comprehend his real merit and greatness. They could not appreciate him as their master, because his discoveries were clothed in garments that were not comely to their sight.

The great difference, then, between the Allopathic and Homœopathic methods of cure, is that the latter is based upon a scientific foundation, and is, therefore, like all sciences, capable of infinite development. Yet the exercise of this method, the practical working of it at the bedside is and remains an art, the same that music is an art, though based upon the laws of sound and harmony.

Now it is evident that one may be perfectly at home in the natural laws that appertain to the propagation of sound, to the production of harmony, yet be no musician whatever as far as execution is concerned. So one may perfectly understand the laws of perspective, of the combination of colors, and yet not be an artist; in fact, he may not be able to make the simplest drawing. So in medicine, we may understand the law which is to govern our doings at the bedside, yet we may not have the requisite skill to carry out our plans.

This proficiency can only be acquired by persistent application, by a continual and systematic study of *Materia Medica*, and if, for no other purpose, we should at least have as an incentive to this duty an ambition to cure the sick—the sole aim of a physician's life—and following closely will come fame and wealth as our substantial reward. The field of *Materia Medica* is large, and for practical purposes let us briefly survey it in its most important sub-divisions. First, then, we have the proving of remedies, and that in itself is an art of no small extent. This we should all engage in personally, as there is nothing that will introduce us so thoroughly to the *Materia Medica*, and give us correct ideas in regard to drug action as the proving of medicine upon our own bodies. It was the method pursued by Hahnemann and all his earlier adherents, and as far as practical results have shown, so far it is certain that those who were diligent provers, have had at all times, and have now, the advantage over their cotemporaries who neglected this field of inquiry.

Again, it is an important art to deduct from provings, after they have been made, a general as well as special analysis of the action of a remedy, something that will be correct, concise and easy to recollect. It is probable in this division of *Materia Medica* that the most shipwrecks have been made, on this ground many battles have been fought, and it cannot be said that the progress made has been such as to leave it an easy task to comprehend the result. The main reason for this defect, which is

strongly felt by the profession at large, is the extensive part which individual views and capacities must of necessity play. Here every one receives in exact proportion to his acquirements, what is plain to one may not be so to another, and the method suitable to one mind is not the method suitable to the other, and while the one advances with long steady stride, the other scarcely hobbles along.

The third sub-division is the application of the knowledge gained to the benefit of those that stand in need of help. This is the culmination, the end of all our art, and it is only reached successfully by a thorough mastery of the accessories named before. To this end may we concentrate all our energies, and victory will most certainly crown our labors.—[*Ibid.*

---

**GRAFTING EXTRAORDINARY.**—The New Haven, U.S., “Palladium” relates an extraordinary instance of successful surgery. It says:—“Miss Lucy A. Osborne, whose scalp, right ear, and part of the right cheek, were torn off in September, 1874, by machinery, in which her hair caught, and who has since been at New York hospital, is now at home. A new scalp has grown upon her head by the grafting thereon of minute bits of skin. The pieces were contributed from the arms of the hospital surgeons. The total number of pieces used in this operation was 12,000. One of the surgeons contributed from his person 1,202 pieces, and another 865. The appearance of the scalp now is similar to that of a healed wound. Of course there can be no growth of hair thereon. The eyes still present a slightly drawn appearance. The wounds of the cheek and ear have been neatly dressed, the former leaving scarcely a scar. In the first of the grafting process, bits of skin the size of nickel pieces were employed, but not with good success, and at the suggestion of an English surgeon much smaller pieces were substituted, and with excellent results. Miss Osborne is now twenty-two years old.”

**REPORT ON DIPHTHERIA AS IT AP-  
PEARED IN CEDAR RAPIDS IN 1879.**

---

BY C. H. COGSWELL, M. D.

---

It is not my intention to discuss this dread disease as to the causes which produce it, as there are more causes than one ; nor as to the diagnosis or prognosis, but simply to narrate particulars regarding it as they occurred in our city during the past year.

Cedar Rapids has been extensively advertised abroad on account of the epidemic, and the packing house and slough were the reputed cause at first ; after a few weeks the water used in cooking and drinking was named as the cause.

If those things were the cause, why did it prevail as an epidemic in other places, as at Traer or Greene, on the B. C. R. and N. R. R., or in the country, fourteen miles from here, where we had seven cases in one house, after three had died under old school treatment. The house was situated on a hill on the prairie, no sewers, packing house or slough near.

In my opinion those things had very little to do with causing the epidemic ; it simply came. During the winter the disease prevailed in Calamus, a little town on the C. & N. W. R. R., fifty miles east, attended by great mortality. Grand Mound, five miles distant, was exempt. This spring the latter named place suffered terribly, and Calamus not at all ; so the disease was not confined to our city, but existed in other places with entirely different surroundings. So much for location. Sporadic cases occurred for several months, but it did not make its appearance as an epidemic until August, when it raged to an alarming extent with great mortality. Great efforts were made by the Board of Health and by Allopathic physicians to prevent the public schools opening in September, but the reverse judgment prevailed in the School Board and the schools were opened, and in two week the disease had abated nearly one-half and contin-

ued that way until December, when a similar effort was made by the same physicians to have the schools closed to prevent the spread of the epidemic. Accordingly the schools closed about the middle of the month, and in less than two weeks the disease had about doubled in extent, and more than that in mortality, and continued thus until about February 1st, two weeks or more after the schools opened, when it again abated. Another effort was made to close the schools. At a meeting of the School Board a resolution was passed requesting each physician in the city to report to the Board his opinion as to the propriety of closing the schools. One Homœopathic physician and the Allopathic physicians composing the Board of Health reported in favor of closing the schools. All the others who reported were opposed, thirteen to four, and the schools remained open and the epidemic ceased early in March.

In our report we recommended that each physician report without delay to the Superintendent of Schools each family where the disease existed, that other members of the family might not be permitted to attend school, and that when they did return to school they should bring a certificate from the family physician stating that the disease had entirely abated in that family, and recommending their admission. From this report you will observe, first: That the disease made its appearance during hot weather, and was attended by the greatest mortality during hot weather; that it very much abated when the public schools opened and increased during vacation.

My opinion regarding the severity of the disease during school vacation, especially during the winter vacation is this: The greatest number of cases and greatest mortality were among the poorer classes, and the children had little or no care when out of school.

The following is taken from the Cedar Rapids "Times:"

DIPHTHERIA STATISTICS.—"Dr. Henry Ristine, with a view to making a report on diphtheria to the State Medi-

cal Society, employed Mr. R. G. Shuey to visit every house in the city and suburbs and obtain statistics concerning diphtheria from April, 1878 to April, 1879. The canvass has just been completed, and the report gives the name, severity of attacks, deaths, date of attack, age, whether attending school, water supply, ward, supposed cause of infection (direct or indirect), block, and remarks, as to whether the disease was the result of exposure, and if exposed how long afterward the disease made its appearance. The summing up gives the following statistics: Total number of cases, 1,033; total number of deaths, 132. The scourge seems to have been no respecter of age, the victims ranging from six years to the babe of a few months; and in looking over the ages we are surprised to see the large number of adults who were attacked. The deaths, however, occurred principally in cases of children from one to nine years old, although there were a few fatal cases of adults. The period elapsing from the date of exposure ranges from two months to three days. The average, however, we think would be from seven to ten days. We think, however, that full one-half of the cases are reported as not having been exposed. Under the head of "water supply," two of the fatal cases are reported as using from the river, one from cistern and nine from hydrant. The remainder all used well water. The aggregate number of cases is, indeed, very large, but many of them, we judge, were of a very mild form, and the death rate is certainly not very great."

The canvass shows: Total number of cases, 1,033; deaths, 132. Now for comparison as regards treatment:

The Homœopathic physicians here treated 405 cases, seven of that number were in the country and not included in the above canvass, with 23 deaths. Average rate of mortality 5 1-3 per cent.

The remainder of cases were treated otherwise, making cases 635, deaths 109. Average mortality 17 2-3.

Each Homœopathist made out a list of his patients having had diphtheria, ready for examination should anyone doubt his report. It was currently reported that the

Homœopathic physicians here were losing all their cases of diphtheria, but we think these figures will hardly corroborate the assertion.—[*Ibid.*

---

### CASE OF DIPHTHERIA.

---

SAN FRANCISCO, May , 1879.

I will describe a case of Diphtheria, which seemed at first to be only a mild case, but proved to be most serious.

MARY P., aged 13, complained on February 3d of being tired, occasionally sick at the stomach, which passed off in a few hours. Her mother thought she was bilious. Saw the patient on February 4th. *Status præsens*: Tonsils very much swollen, covered with a white exudation, apparently soft in texture; difficulty in swallowing. Pulse normal, hands and feet somewhat colder than natural. No Hyperæmia, as we are apt to see in cases. Gave *Phytolacca* every hour; ordered a gargle of 1 part alcohol and 2 parts water, gargle every 2 hours. Saw the patient in the afternoon; throat better, the exudation decreasing.

Feb. 5th, still improving; good appetite.

Feb. 6th, visited patient rather later, as she was improving, on looking in the throat found a few small patches of membrane, but to my surprise found patient had lost her voice, a complete aphonia. The mother flattered herself that the patient had taken cold the night previous. I took, however, a different view. The disease had made its appearance in the Larynx and Trachea, was carefully guarded in regard to the prognosis. Gave *Kali. bich.* every half hour, for 8 successive hours. If patient should get worse to give Iodine (with inhalations of lime water).

Feb. 7th, visited patient at 6 A. M.; found her breathing laborious, face flushed, Hyperæmia, blue lips, complained of pain in the chest (right lung); had a violent chill, which was followed by fever. Pulse 120, bowels rather loose. Urine was examined; no trace of albu-

men. Gave a few doses of Aconite, which had the desired effect, as the fever had considerably abated by noon; cough very metallic and croupy; patient would not lie down. Gave Bromine<sup>2</sup> every hour, inhalations of steam. On my evening visit did not find the breathing much changed. Let her inhale from 3 to 5 drops Lactic Acid in an ounce of water, to be continued every hour through the night. Continued Bromine. Both the Bromine and Lactic Acid were continued for a few days. Patient expressed herself relieved whenever she inhaled, cough became gradually looser. On the eighth day, this extensive membrane was expelled. A very singular thing was the reappearance of the membrane, not however on the tonsils, but on the uvula, the latter had the appearance as if the membrane was cast around the uvula. For a whole week fragments of false membrane were coughed up. The aphonia lasted for two weeks longer, paid no particular attention to it, hoping the voice would return as she gained strength. Finally gave her Causticum<sup>6</sup> every three hours, the voice returned in two days.

In a case like this, it did not seem to be allowable to *inhale* Bromine, on account of the trouble in the lung, and as it is a great irritant to the mucous lining, and the cough very violent and metallic was another reason for not inhaling it. The cure of this case I ascribe exclusively to the use of Bromine internally, and the local use of Lactic Acid.

Acids and Alkalies, have a particular affinity for the mucous lining and the sub-mucous tissues. The membrane in the Larynx and Trachea did not reappear. We, however, seldom meet with this good fortune in younger children.

J. N. ECHEL, M. D.

---

WE have received from the accomplished secretary, Dr. E. A. Gilbert, of Dubuque, the transactions of the Hahnemann Association, of the State of Iowa, for the year 1878. This is a handsomely bound volume of 81 pages, and really entitled to a review, but having copied into the present number of the CLINICAL REVIEW three papers from its pages, we think that a sufficient indorsement of their general high character.



**Editor's Drawer.**

PULTE COLLEGE now admits lady students.

DR. G. S. WALKER. Dean of our College, is summering in Ashland, Wis.

DR. T. G. COMSTOCK has gone to Niagara and Saratoga for a two months' recreation.

DR. JAMES A. CAMPBELL has returned after a month's absence among the lakes at Minnesota.

WE are receiving regularly the weekly Bulletins of the National Board of Health, and value them highly.

THE Transactions of the American Institute at the Put-in-Bay session 1878, are just to hand, due two months ago. We hope the new secretary, J. C. Burgher, will do better than this.

DR. W. H. WOODYATT, of Chicago, was elected President of the American Homœopathic Ophthalmological and Otological Society, at the Lake George meeting. Another recognition of Western talent.

COLLEGE announcements have nearly all arrived and with wonderful unanimity they all claim *superior advantages* in clinical teaching, and the best of it is, they tell the truth, for we believe that the free clinics now held in our Homœopathic colleges are really and truly the best in the country.

DR. PHILO G. VALENTINE, our *errant* editor, has gone for a month's sojourn in Wisconsin and Minnesota. to see if there is any better summer resort than St. Louis. If any of you should recognize him in his northwestern wanderings, shoot him on the spot, as he left home in broad daylight on a steamboat and in company with one of the handsomest young ladies of our city.

YELLOW FEVER.—St. Louis has hundreds of Memphis refugees, but no yellow-fever, and *never can have*, by reason of our perfect system of surface drainage and underground sewerage—the very best in this country. And that is the whole subject in a *nutshell* of the spreading of yellow-fever. Memphis has no sewers, and hence suffers and perishes from the loathsome vapors and stagnant ooze that make deadly the air its people breathe and the water they drink. A century's accumulation of animal and human fecal filth—putrefying and saturating every inch of the soil on which the city is built—and percolating every well and cistern, has doomed her to the besom of destruction, from which there is no possible escape except through a thorough system of sewerage. See official report in Sept. REVIEW.

UNIVERSITY OF MICHIGAN HOMŒOPATHIC HOSPITAL.—The Committee on Ground and Public Buildings are busy in pushing forward to a final completion this much needed enterprise. The buildings previously constructed have proven to be too inadequate to meet the requirements of the constantly increasing classes that are seeking the advantages of a medical education in this University College. Nothing more surely indicates the growth and prosperity of our beloved cause than to see these improvements and accessories to a grander plane of education continu-

ally growing up all around us. If all these advances show the decadence of Homœopathy, we say let her decay. The Legislature of the State of Michigan has been Homœopathic for a number of years and its strength in that direction is constantly on the increase, as is demonstrated by the generous care it exercises over the Homœopathic as well as over the other departments of its noble University.

**YELLOW-FEVER IN THE UNITED STATES.**—WASHINGTON, July 31. —The history of yellow fever in this country shows that it has never prevailed in an epidemic form in any locality with an elevation of 500 feet above the sea. Dr. Drake, in his work, fixes a limit to the fever at 400 feet in the United States. Fort Smith, in Arkansas, 460 feet above the sea, is the highest point at which there has been an epidemic. This was in 1823. Cases were reported at Winchester, Va., 700 feet above the sea, in 1802, but in this instance it is not a well authenticated epidemic. A chart giving the points at which yellow fever has been treated, with altitude of the localities, shows that it has been at St. Louis, 475 feet; Louisville, 450; Cincinnati, 550; Gallipolis, Ohio, 520, and Bald Eagle Valley, Pa., 550 feet above the sea. These, with Winchester, are the highest points it has ever reached, yet the history of the fever at these places proves that it did not obtain as an epidemic, and that no new cases were developed, the ones recorded being those brought from lower elevations. Memphis is 260 and Vicksburg 175 feet above the sea. During the last hundred years there have been epidemics along the Atlantic seaboard as far north as Portsmouth, N. H.; but all the points at which it has appeared on the coast and back in the country are less than 200 feet above the sea level.

**PHILO G. VALENTINE, M. D., ST. LOUIS, MO.**—DEAR DOCTOR—In the July number of your REVIEW your honorable and able correspondent from Lake George has furnished your readers a fair resume of the proceedings of the Institute, but unfortunately incorporated in his letter things not true, though at heart in honest sympathy, as I know with what his pen has so disparaged and misrepresented. Permit me a little of your valuable space to correct your correspondent, and give your readers the facts in the matter of the Inter-Collegiate Congress. Your correspondent writes, "Some of our colleges refused to join the conference and be governed by its regulations." What was true was this: The colleges referred to objected to one of the articles of the constitution—the one concerning ethics—and would not subscribe to the constitution with that article unchanged. The objections were ably presented by Dr. Dowling of the New York school and were supported by the delegate of the Philadelphia school. The matter was referred to a special committee of three, who at an adjourned meeting made a report, which was adopted, so to amend the constitution as to remove this objectionable feature. The constitution was accordingly amended. Your correspondent adds: "Others withdrew from it." This was true of only one, and that one was the Hahnemann College of Chicago. This action on the part of the Hahnemann was purely a personal thing, relating to the unfortunate quarrel at home. Then your correspondent caps the climax as follows: "and the remainder were not willing to go on, and so the Inter-Collegiate Congress is

now, I regret to say, defunct." I wonder who furnished the data of this statement. It was evidently some one not in sympathy with the movement, and it would not have originated in the always sober brain of Dr. Runnels. The facts are these: The remainder were willing to abide by the organization, and "went on" with their work, by no means discouraged or dismayed. The secretary was instructed to reprint in proof the amended constitution and submit the same in due time to all the colleges, the ins and the outs, and also the proceedings of the session. The congress then adjourned to meet at Milwaukee, agreeably with the provisions of its organic act.

You will perceive, Mr. Editor, that the Inter-Collegiate Congress is not defunct, but is a living organization, with purposes worthy of the sympathy and support of every lover of our school.

Please, therefore, dear editor, keep it before the profession that the Inter-Collegiate Congress is not dead and will not die so long as there is a higher standard to be desired or to be obtained.

Yours Fraternally,

JOHN C. SANDERS.

CLEVELAND, OHIO, August 1, 1879.

**AMERICAN INSTITUTE OF HOMŒOPATHY AT LAKE GEORGE.**—We take pleasure in calling attention to the graphic letter from Lake George found in our July number, written by Dr. M. T. Runnels, of Indianapolis, giving a pleasing account of the meeting of the Institute this year at that famous Historic Resort in Northern New York. We are especially gratified that the Institute recognized this time the rights and influence of the West in the election of officers and in the selection of Milwaukee as the next place of meeting. With Prof. T. P. Wilson, of Cincinnati, for President; Prof. George A. Hall, of Chicago, for Vice-President, and Milwaukee on the bluff, another "Great City by the Unsalted Seas" to cool off in—the Western Colleges and the Western Doctors ought to be happy, and we send the successful ones our cordial greeting believing a new era is dawning. The secretaryship still remains in Pennsylvania, though it has leaped across the Alleghenies from Philadelphia to Pittsburg and enters the Eastern slope of the Mississippi Valley, where breathing the pure atmosphere of the sources of the Ohio, it is hoped that Dr. J. C. Burgher, the secretary elect, will give us no cause for complaint in getting out the proceedings on time. We were glad to see Dr. T. F. Allen's proposition to the Milwaukee Test Committee, and shall look for the Committee to gratify his request, viz.: Furnish him with a number of 30ths, withholding the names and he would name them at the next meeting.

---

## THE CHICAGO HOMŒOPATHIC COLLEGE.

---

The Fourth Regular Session will be opened September 30th, 1879, and continue twenty-six weeks. The College building has been enlarged, refitted, and all teaching facilities largely increased. Students can attend the Regular two-years' graded course, or, on election, three-years' graded course. Thorough instruction, Clinical and Didactic, by a large corps of experienced teachers, can be obtained here.

For further information or Catalogues, address,

J. S. MITCHELL, M. D., President.

889 Mich. Ave., CHICAGO.

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II. ST. LOUIS, MO., SEPTEMBER-OCTOBER 15, 1879. NUMBERS 7-8.

---

## *A CASE OF NOCTURNAL EPILEPSY*

OF ELEVEN YEARS STANDING, AS DESCRIBED BY HER HUSBAND, WITH REMARKS.

---

Female, 37 years old, 160 pounds weight, between blonde and brunette, thin skin, fine hair, of a sensitive and cheerful disposition when well, occasionally desponding, at times hysterical, easily frightened by loud noises and harsh voices of men. When a child frequently frightened by an old nurse. Had St. Vitus' dance (chorea) when about six years old. Had typhoid fever severely when about 16 or 17. Menstruation occurred when 14 years of age, regular and normal. Married when 17 years old. Had uterine troubles, prolapsus and ulceration very severe for two years. Very seldom enjoyed good health during her married life until within ten years. Had fluor albus. Menstruation hardly ever interrupted. The epileptic attacks could be traced during and soon after the marriage, although no well developed paroxysm occurred. Friends and physicians took her case to be purely hysterical, inasmuch she got easily excited, irritable at slight and trivial causes, would cry easily, had a feeling of internal excitement as after drinking strong tea; would then have fainting spells; would become suddenly unconscious. At one time, from fright, had a severe paroxysm, as her husband informed

me. These faints usually came on suddenly ; never fell down but once or twice in 1863. In March, 1869, had an attack at 6 o'clock, A. M., while in bed and apparently sound asleep. Since then had seven attacks at intervals of a few weeks. They always came between 12 midnight and 6 A. M. ; never fail to begin at those hours, but has had several in succession, lasting until noon of next day. Another attack or series inevitably follows about twenty-four hours after the first, usually an hour or two later the second night. Pulse always fast immediately preceding an attack. Sudden nausea always preceding a paroxysm from five seconds to five minutes. Face sometimes quite pale, with very bright crimson under lip ; the latter usually blistered at and for a few hours after an attack. Breathing heavy and stertorous. There are severe headaches for hours, sometimes relieved by Gelseminum and Aconite. Have found opium relieve nausea if it continues after attack. Attack followed by sweat on forehead and nape of neck and on the sternum. Perspiration has a very peculiar odor, unlike ordinary, and at other times not much movement during attack excepting the jaws. Tongue always bitten. Head turns to the right ; sometimes red face (Bellad. symptoms) ; extreme prostration for days after attack, but about the tenth day usually. Patient usually feels in very good spirits and lively for a few hours before an attack. Almost every afternoon, from 4 to 6 P. M. excited and nervous, "strung up" as from effect of strong tea ; in the evening, after dinner, more tranquil. Complains often of stunned feeling in the head, coming on suddenly, as if struck by a blow ; sometimes in walking in the street for a second or two almost amounts to vertigo, but quickly passes off. Formerly had numerous faints in the intervals between attacks (relieved by moschus) ; of late have about disappeared, but now has hysterical and nervous spells lasting a few hours. Sometimes a sudden perspiration on forehead, followed or accompanied by sudden weakness ; utterly unable to move, but scarcely ever losing consciousness, is not able to raise a hand or foot for a few seconds, then

passes off. ' Sometimes complains of a shooting pain up through or in front of the back bone, possibly in the womb or near by. Tinkling electrical shocks sometimes go up the spine into the head and branching off down the arms. At one time had cramps in calf of legs early in the morning, but not so much of late. There is a great weakness from the throat down through the pneumogastric region. An electrical current passed through the lower part of the abdomen produced fainting. Appetite very variable, generally moderately good, occasionally very great, but a nervous appetite. Stools always very light in color (clay), and have been so for years; very loose; usually two, sometimes three stools a day. Belly always puffed up above navel; around it skin circulation bad. Feet warm, also hands, and moist one hour and hot and dry next. Sleep sound at night, but always awakes exhausted, tired and with traveling in dreams. Falls to sleep easily. Pulse 80 most of the time; Aconite takes it down to 66 thread like; of late fuller and better; 70 to 75; decidedly improved. Physicians have suggested difficulty in digestion or assimilation. Has always symptoms of having taken cold after an attack, and invariably severe pains in bones and legs, sometimes in left arm, never in the right one.

When I first saw the case, March 5, 1875, at 6 o'clock A. M., I found her in a stupor, loss of sensibility, head drawn to the right side, face flushed, carotids throbbing violently, body tetanic, froth before mouth, tongue bitten, stertorous breathing, bathed in perspiration all over the body. I gave her atropia sulph. 3 decimal dilution (Dr. Guenthus' preparation) every half hour, returned at 9 o'clock A. M. and found consciousness returning, yet unable to speak, continued medicine every 3 hours. Paroxysms returned the next night after 12 o'clock with less severity. Continued atropia in higher attenuation for several days. As the patient recovered very slowly I was satisfied she had not the right remedy yet. On looking over the symptoms of Bufo, it occurred to me as being the remedy most suited. Gave the latter remedy

three times daily (sixth dilution) for a week; the second week only one dose on going to bed for another week. Discontinued the Bufo for a number of weeks as the patient was steadily improving. The stools which were always before of a clay color became brown; instead of three stools per day only one. The nausea, which always preceded an attack, left her; the patient got more cheerful; the pulse became normal, the puffiness of the bowels disappeared. Patient kept well for ten months, slept quiet without having those troublesome dreams. During the first week of November, 1875, she had several attacks, caused by eating beef-steak and drinking porter on going to bed. Had another attack in February, 1876, caused by the death of an intimate friend. The paroxysms in November, 1875, and February, 1876, were very mild; also the one she had in June, 1876, after taking a cold sea bath at Santa Cruz, inasmuch as she was able to be about on the days of the paroxysms. Patient admits that her general health was never better than at the present time—considers herself almost cured. This, however, I am not inclined to admit. While writing the above—October 27, 1876—patient had different symptoms as heretofore. Instead of a grand attack, after a respite of six months, she became very excited, wakeful, face flushed, complained of numbness of the spine, cold hands and feet, bowels puffed and very tympanitic, almost as much as we find them in typhoid fevers, very thirsty, pulse 90 in a few hours perhaps 72, skin very mottled, had fixed ideas; charged her husband of having poisoned her to get rid of her, or to sell her as a slave; would break out in a profuse cold perspiration, so much so that her husband got alarmed and called me up in the middle of the night and thought she was dying; urine highly colored and scanty, with red sediment (Lycop) symptoms. The intellectual sphere was considerably involved and yielded to Ignatia, Stram. and Bufo; after a few hours' rest she woke up, perfectly rational, complained of extreme weakness.

Here is a case of epilepsy of eleven years standing, and



I have good reasons to believe the disease existed even longer, perhaps, as hystero-epilepsy. The case is peculiar as regards the paroxysms which always occur after 12 o'clock at night. She never had but one or two attacks at 6 o'clock A. M. What is the cause? and what will be the final result? I am at a loss to explain satisfactorily to myself the direct cause of this formidable disease. The menstruation has always been regular. Dr. Lethui and others regarded a morbid condition of the digestive organs, or rather a defect in the assimilating vessels, as the cause. Some symptoms point that way. Nausea for instance always before an attack, or errors in diet will always bring on a paroxysm—not even this alone, any shock to the nervous system will bring on the trouble. Epilepsy is evidently here of a reflex nature, and it looks to me as if the solar plexus is the starting point or the epileptic zone.

The prognosis in this case is not very favorable when the critical years approach. Niemeyer and other prominent Pathologists do not speak very favorably of nocturnal epilepsy. They say it never can be cured. As opium has been given by other practitioners without good result I never had the courage to give it to this patient. At present she takes Silicia, high 200.

August 21, 1879. The above pages were read before the members of the Pacific Homœopathic Society in May, 1877. The Silicia was continued for two months, a dose twice a week. Medicine after that discontinued altogether; visited her once a week; a strict rule of diet was ordered. Patient visits no theatres when tragedies are played; rides out early in the morning; takes her breakfast at 9 A. M.; takes a daily walk; in short eats and drinks regularly. Had an attack and the last one so far July 12, 1878, which appeared during the afternoon, was quite excited about her husband's trip on professional business in the country, which kept him absent for a few days. The convulsions were very severe, lasting several hours; was still out of her mind when her husband returned on the 15th of July; had hallucinations of sight and



hearing; acted like a maniac; could not be kept in bed; inflicted a painful wound with a penknife on her husband's hand; symptoms yielded to Hyos. Met patient a few days ago in the street. "I am well now of the faints," as she calls the paroxysms; the poor sufferer does not think of epilepsy.

Homœopathic medicines acted well. She took for several months in New York large doses of Bromide of Potassa. Only three remedies were prominent in this case, viz.: Bufo, Silicia and Hyos, with a strict diet accomplished what looked to me in 1875 impossible.

I. N. ECHOL, M. D.,  
San Francisco, Cal.

---

### *PRACTICAL HINTS IN DIAGNOSIS AND TREATMENT OF UTERINE DISEASES AND DISPLACEMENTS.*

---

BY M. M. EATON, M. D., CINCINNATI, O.

---

[Read before the Western Academy in St. Louis, May 8, 1879.]

Mr. President and gentlemen of the Western Academy and Missouri Institute:

I choose this subject knowing that the study of uterine diseases is beset with difficulties as is none other, and being assigned by you to the chairmanship of this bureau, I feel in duty bound to present to the younger members of the profession all the aid I can in the discharge of their every-day duties.

I shall not attempt to present wonderful and unheard of operations, that you would never attempt. Nor describe those warrantable operations that only skilled gynæcologists should attempt. Nor occupy your time with denunciations of this one or that one. There is room for all; and the greater the number of those who well understand the general treatment of diseases of women, the more will the profession of medicine be honored.

It is but natural that the patient should prefer her family physician in most ordinary cases ; and it is not desirable that any but serious cases of tumors, uterine, ovarian or vaginal lacerations, or fistula should be obliged to visit the specialist in large cities for treatment.

Much of dexterity in diagnosis must come from experience I am well aware, and I am also aware that age and long experience do not always bring with them that perfection in diagnostic ability that we have a right to expect. I can only explain this to my own mind by believing that the speculum has been too much depended upon as a means of diagnosis. It has been abused most shamefully. For at best what is learned with it? We can see the mucous membrane of the vagina—what good to know it is red? If inflamed we could determine that with digital examination. If hot and tender we know it is inflamed, what have we gained by looking at it and finding it red? With the speculum we may see a polypus hanging in the neck of the os uteri, but could feel it as well; and we can remove it by feeling alone, as well as with the aid of the speculum and eyesight. I am positive of this, from many practical tests of my own. We may see the os in its proper position and we could feel it there as well; we can see it swollen and enlarged, we could have felt it to be so as well. A discharge from the interior of the uterus is better detected with the speculum. I mentioned a moment since we might with the speculum see the os in its normal position; we do not know from that that there is not retro- or anti-flexion or contraction of the neck. These conditions can best be determined with the uterine sound. I would not exchange it for the speculum in aid of diagnosis. Many cases come under my care that I cure readily, simply because I get a correct diagnosis with the uterine sound. I find them to be cases of retro- or anti-flexion that have never been so diagnosed. In most of these cases we have present symptoms of pro-cedentia and many physicians prescribe for them for a while from symptoms alone, or from diagnosis made with the speculum. The treatment benefits a little for a while,

again the patient suffers fearfully, consults another and another physician, and is finally quite discouraged, till the uterine sound is introduced which at once shows the case in its true light; the organ is restored by proper treatment and the pain, leucorrhea and tenderness speedily vanish. I could not so well diagnose uterine growths or even ovarian tumors without the sound, and the speculum gives no aid. Some, nay, nearly all seem afraid to use the uterine sound. It may be from fear of producing inflammation. No such fear need be entertained if used with gentleness and skill. If there is any suspicion of pregnancy, we should not use it of course. The uterine sound has been in use since 1771, when it was employed by *Leveret*. It has been brought into more general use in late years by Simpson in England, Huguier in France, and Kirvisch in Germany.

Another hint I will give is, that in order that the uterus remain in situ, after it is replaced, it is necessary that the intestines do not rest their full weight upon it. The uterus must have room, give it room by lifting up the abdominal organs by some means. I rather prefer and use mostly the London supporter, but sometimes in cases of very pendulous abdomens I prefer the silk elastic bandage, being sure to have it tight in lower part of abdomen and loose above; by this means I think a partial vacuum is produced in the lower abdomen and atmospheric pressure per vaginam is an efficient aid in holding the uterus in its normal position. The same necessity for the abdominal supporter exists in cases of pelvic cellulitis, metritis, and many cases of cystitis.

We should always bear in mind that to the wearing of corsets and the skirts fastened around the waist are the ladies of to-day greatly indebted for the many ailments of their sex now so common, that were comparatively rare before corsets were invented. We must remember, that as we diminish the capacity of the upper part of the abdomen, we force the abdominal organs downwards, thereby displacing or inflaming the pelvic organs.

To these causes should also be added thin-soled shoes,

want of out-door exercise and too fine food. Another cause of these ailments might be found in some cases in the means used to prevent conception, or produce abortion. To be successful, we must ever be on the alert to find and remove causes of the ailments we are called upon to treat. It is well always to wash the hands and instruments in warm water before making an examination. Vasaline is the most desirable lubricant I know of. Be not too persistent in demands for an examination.

A simple mention by us of its necessity should be sufficient. The physician loses dignity by making frequent requests for examination however necessary he may deem it. Should the patient decline, we may also decline to prescribe for her.

Should our patient be annoyed by persistent hemorrhages, let us not forget these are very often produced from the presence of uterine polypi. Introduce the sponge tent, let it remain 36 hours, then introduce another, and let it remain another 36 hours; by this means we are able to get at the polypus if in the body of uterus, and also kill all those in the neck. Take great care of patient, that she take no cold while using this treatment. Study each case for the properly indicated remedy. Great good results from proper remedies. Bad smelling discharges do not always indicate cancer. I have seen retroversion, inflammation and ulceration produce very offensive discharges. Let us remember the dysmenorrhea is very often caused by inflammation, displacements and contraction of the neck as well as by a false membrane monthly produced, and neuralgia and hyperæsthesia of the ovaries.

Another hint I will make is, that pessaries are very, *very* seldom needed. To prove this let those who have used them omit them, and use efficient abdominal support, thereby giving the uterus room, replace the organ, and watch results, and I feel sure he will very soon feel as free as I do, to abandon their use almost entirely, the exceptions being those of complete procedentia in very old ladies.

Let us also bear in mind that the reflex action of uterine displacements and inflammation is never to be forgotten ; these may be manifest in nausea, tingling of fingers, heat in soles of feet and top of head, pain in occiput and back. Hemiplegia or paralysis of only a small part of the body, as for instance one side of the face or one limb ; loss of sensibility or hyperæsthesia of some particular part. When we bear these things in mind we much more readily see the cause of the ailment and lose no time in remedying it.

Some cases of chronic congestion of the lungs producing cough, emaciation, and almost every objective symptom of phthisis pulmonalis, we will find to be caused from amenorrhea, and the amenorrhea caused from atresia of the neck of the uterus or an almost imperforate hymen which has become more and more closed by reason of inflammatory action. I have had cases of all the kinds to which I have alluded that I have been fortunate enough to cure by rectifying the abnormal condition of the uterine and genital organs. I would be pleased to go into detail and report cases in exemplification of the hints I have thrown out in this hastily written paper. But the time of this academy is better employed in most instances, I apprehend, from the consideration of principles in medicine, rather than the recitation of individual cases. I therefore omit them, but will give cases and treatment if the gentlemen desire.

---

### *PASSIVE UTERINE HEMORRHAGE.*

---

BY J. T. BOYD, M. D., INDIANAPOLIS, IND.

---

[Read before the Western Academy at St. Louis, Mo., May 8th, 1879.]

History tells us that Eutropius wrote a treatise on medicine, the science and art of which he was totally ignorant.

From his time down to the present, men have been prone to follow his example.

What a vast amount of good white paper has been soiled by men in writing on subjects of which they are profoundly ignorant!

Even our medical journals do not escape the contamination. From a perusal of the contents of some of them, we are led to the belief that the writers have been taking lessons from Eutropius.

Publishers, too, are sending out books, pretentious in size and appearance; from which the reader can gain but one idea, and that is that the writer has undoubtedly mistaken his calling.

The desire for notoriety, prompts many a man to thrust himself obtrusively before the public, and to send forth his production, that in his egotism he thinks he is the quintessence of wisdom.

The same can be said of papers written for medical societies, for in many instances what is not plagiarism, is nonsense; and many a paper written with an idea that the writer knew something that no one else ever thought of, is destined to fill the waste basket in some editorial sanctum, unless secured by its admiring author.

It may be the fate of this paper to

“Stop a hole to keep the wind away,”

or possibly be used for a baser purpose. Notwithstanding these considerations, I am not deterred from endeavoring to prove myself a modern Eutropius; and, therefore, add my paper, which may ultimately find its place among the rest of the debris of medical literature.

#### MENORRHAGIA.

This disease was well known to the ancients. Hippocrates mentions it, and gives about as good a description of it as most any of our modern writers. Authors have been in the habit of describing this disease under two varieties, the acute and chronic. It may occur in persons of phlogistic habit, or of the very opposite character, the anæmic. In the acute disease it is generally preceded by a congested condition of the uterus, and its appendages, with their corresponding sympathetic symp-

toms enlarged, or swollen painful breasts—heat and enlargement of the external organs of generation, giddiness, headache, etc.

Ashwell in his work on diseases of women says: “in acute menorrhagia there generally exists immediately before the expected period, and occasionally for a few days prior to the flow, considerable tension and fullness within the pelvis, accompanied by a feeling of weight, and throbbing in the uterus itself. The pulse is quickened, there is oppression in the head, and often decided headache, with sympathetic fever.”

In addition to these symptoms there are in this form (the acute) sometimes cramps, or spasmodic pain, of an intermittent character, as in labor; sooner or later there is a flow of blood, sometimes in gushes, at other times a continuous discharge; the time of the flow is much more than the ordinary menstrual period; the blood, too, is of a different character.

In the menstrual discharge there is little or no crassamentum (without clot); while in this disease there is a distinct clot, the blood is redder, and a distinct separation of the serum from the crassamentum takes place if left for a short time.

In the chronic variety, the premonitory symptoms do not vary (differ) materially from the foregoing, only they are not so pronounced; the patient is pale and feeble, with all the ordinary symptoms that attend long continued hemorrhages from other organs of the body.

Among the many causes that could be mentioned I only wish to call attention to one, and that is to the use of *ergot*, as it is connected with two cases that I wish to present to this society.

How often *ergot* may be the cause of this hemorrhage, it is hard to tell; the dislike of some women to become mothers induces them to use any endeavor to restore the menses, if they find that they do not appear at the expected period; and they resort to every method to bring about the desired end; and if hemorrhage sets in they think that they have accomplished their purposes;

and if they are compelled to call in the aid of a physician they will endeavor to prevent his knowing the cause.

In studying the pathology of ergot (*secale cornutum*) we find that prominently among the effects of this drug, is dry gangrene—enlarged veins—congested condition of the uterus and hemorrhage.

The gangrene that appears on the surface of the body is of a somewhat different character and appearance, from that which exists in the organs remote from atmospheric influences.

Choport describes a specimen of gangrene attacking the kidney, he says :

“ It was mottled with black spots, easily lacerated.” Had this gangrene appeared on the surface exposed to the air, it would probably have appeared dryer, darker and with a distinct line of demarcation.

About two years ago there was brought to our hospital a young lady, pale, feeble, and evidently laboring under the effects of hemorrhage; and upon examination the fact was brought out that she had been suffering from uterine hemorrhage for weeks.

The history of the case, as near as could be obtained, was this: She had for some time been indulging in illicit intercourse, and her menses having ceased, she feared that she was pregnant, and she had taken large and repeated doses of ergot; hemorrhage had at last been produced; the blood at first was slight but was constantly increasing, till she was sent to the hospital, where she died on the next day. What treatment she received, I cannot tell, as she was not in my department, and the hospital records barely mention the case, and that she died from uterine hemorrhage. I was requested to assist at a post-mortem examination, conducted by the county coroner.

The examination revealed the fact *that she had not been pregnant at all*; and also that there were no lesions of structure in either the vagina or uterus (as we expected to find) from the use of instruments, used to procure abortion; but the ovary of the right side was completely disorganized, being a complete picture of the case before mentioned by Choport.



A rupture or destruction of the ovarian vessels, was the cause of the hemorrhage, and death.

Query, was this gangrene the result of ergot?

Another case: some years ago, I was consulted by a woman of about thirty-five years of age, bilious temperament, sallow complexion. She without hesitation declared that she was pregnant. A man who had boarded with her had had frequent intercourse with her, and her menses were not regular, etc.

The woman appeared in great distress of mind, from the fact that her husband, who had been absent for some time, was expected home in two months, and exposure was inevitable, as she was certain she was three months gone in pregnancy. She had taken large doses of ergot in her endeavor to cause a miscarriage, but it had only produced a slight hemorrhage. She was sensible of an enlargement of the uterus, had a constant feeling as if insects were crawling over her (formicans), dull pain in the region of the ovaries, tenderness on pressure over the uterus, etc.

I was satisfied that she was labouring under the effect of ergot, and told her so; requesting her to abandon all medicine, and all efforts at abortion, for in my opinion she was not pregnant, but was keeping up the disagreeable symptoms by the use of medicine. It required a great deal of argument to convince her, but she finally agreed to do nothing more for one month, and then she was to call again. I did not see her till six weeks afterward, when she came looking quite happy, saying that she had taken my advice, and all the hemorrhage and the disagreeable symptoms had subsided, and that her menses had appeared and passed off naturally. About two months afterward I met her and her husband together on the street, looking quite happy, notwithstanding there was a *skeleton in the closet* for one of them at least. But

“ Since ignorance is bliss,  
“ ’Tis folly to be wise.”

I have no doubt but that if she had persisted in her

use of ergot, she would have produced gangrene of the ovaries, hemorrhages and death.

That ergot will produce hemorrhage from different parts of the body, is now an acknowledged fact, even by Allopathic writers.

Epistaxis is mentioned as one of the peculiar symptoms of ergot, by almost all the writers on this drug.

The "London Medical Gazette" a few years ago mentioned a case of metritis caused by ergot.

Tenderness on pressure over the region of the uterus, indicating congestion, is mentioned by many Allopathic writers as the effect of ergot.

Undoubtedly when these symptoms are present, if the use of the drug is persevered in, the result would be hemorrhage. Whether this be induced by a gangrenous or disorganized condition of the uterus or ovaries, or by paralysis of the nerves of the venous radicles, destroying their contractility, it makes little difference providing hemorrhage and death is the result.

#### TREATMENT.

When we come to the treatment of this disease we gain but little help from Allopathic writers. These men who so clearly and scientifically describe its history, symptoms, cause and pathology, cannot give us a treatment that can be depended upon. Their whole dependence seems to be placed in blood-letting, and other anti-phlogistic remedies, in one class of cases in persons of a phlogistic habit; and tonics, astringents, etc., in the other class.

Occasionally similia will thrust its head up and demand attention, as the following:

Dr. Locock, in the "Cyclopædia of Practical Medicine," says: "The salts of iron require to be carefully administered, but, in spite of their well-known effects of increasing or producing menstrual discharge when deficient, their general tonic or astringent effect upon the blood vessels, is often exerted with marked benefit in cases of hemorrhages of the atonic character." Again he says:

“ Perhaps no artificial medicines are so powerful in their action in chronic cases as the natural medicinal springs, which contain minute particles of iron in solution.” It would be interesting to enquire what attenuation is the iron in, in natural mineral waters? It is certainly attenuated beyond its astringent or tonic effect at least, as understood by our Allopathic brethren.

Occasionally we find descriptions of the heroic treatment, by our Allopathic brethren in this disease; for instance, the injection of spirits of turpentine into the uterus, as recommended by Gooch, Ashwell, Burton and others.

The remedies that I would recommend in this disease, are first, those having the proper pathogenesis, as ergot, provided the disease is not caused by that drug, iron (*ferrum muriaticum*), *pulsatilla*, *hamamelis*, *belladonna*, *nux vomica*, *phos. acid*, etc.

In violent cases, where death is imminent from a sudden gush, undoubtedly the tampon made from a soft, dry cambric handkerchief, may be very useful, and thus by plugging up the vagina, and causing the blood to form a clot, that will act as a compress to the mouth of the bleeding vessels, and prevent the further flow of blood. I have saved many a patient by this method, that would have sunk before I could have had time to get the effect of the appropriate remedy.

The cold hip bath has also been recommended as an adjunct in the treatment of this disease; by constricting the pelvic vessels, and preventing the flow of blood in the usual quantities to that part of the system, it may be beneficial.

---

**HOMŒOPATHIC TREATMENT OF YELLOW FEVER.** By the physicians of the Homœopathic Relief Association of New Orleans, La., viz., J. G. Belden, A. B., de Villeneuve, Walter Bailey, Sr., Walter Bailey, Jr., S. M. Angell, and Chas. J. Lopez. It contains 16 pages, gives the indications for 16 remedies, mentions the things to be avoided, directions for nursing, and is for free distribution, by application to any of the above named physicians.

***DYSMENORRHŒA.***

---

MRS. MAY B. PEARMAN, M. D., ST. LOUIS, MO.

---

[Read before the Western Academy of Homœopathy at St. Louis, Mo., May 9, 1879.]

The disorders of menstruation, on account of the little knowledge that the patient can give of the development and true condition of the disease and the delicacy that causes her to shrink from promptly seeking medical assistance, are to the physician cases that sadly perplex and baffle for a time all his efforts and skill.

Although common complaints they are not faithfully looked into: too often prescribed for at random—without either a thorough search for the cause, or a careful diagnosis of the case. For fear of giving offense, the physician too often prescribes without making an examination, and that, which is only a prominent symptom, is treated as the disease.

The relief gained, if any, is but for the moment.

Although the physician should during the paroxysms of pain make every effort to diminish the suffering of his patient, his duty is not done to the profession, nor to humanity, nor is his patient materially helped, if during the interval he does not search out the cause.

Any derangement of menstruation during the most vigorous years of woman's life is apt to be followed by effects more or less injurious to her general health.

Dr. Hoffman (who supposed the menstrual flow to be the fruit of mechanical action), says: "Women generate more blood than they need, in consequence of the slowness of their circulation and the small amount of perspiration, hence arise venous congestions and spasms in the extreme vessels."

The remote causes for these diseases often lie in the condition of the ovaries.

Dysmenorrhœa, or difficult menstruation, is a condition where the menses regularly appear but are accompanied by severe pain and more or less nervous affection.

The disease is very common in our climate and difficult to cure.

It seldom interferes with the life of the patient, but for years drains heavily upon her health and happiness.

All functions of the body when normal should be painless—and menstruation should be no exception.

“Pain is almost synonymous with disease, often its sole indication.”

In a large majority of cases where the patient suffers at the menstrual period from pain, or discomfort of mind or body, we may know that Dysmenorrhœa has set in.

While often prescribed for and spoken of as a disease, it is properly speaking a proof of disease in the generative organs.

It is found in two extremes of society—the inactive and the overworked—the sumptuously fed and the half-starved. The rich food that is ill digested gives no more nourishment than that which is wanting in nutrition.

It is also to be met with under the most opposite circumstances: sometimes appearing with the *first* menstruation and lasting until medical treatment gives relief; in other cases, it supervenes from exposure to cold at that period, or from some injury or diseased condition of the ovaries or womb.

Some hours, or days, in advance of the time of menstruation, the pelvic pains are generally felt. Many patients suffer much pain when there is little or no discharge and are relieved when it becomes more profuse.

In others, the menstrual flow brings no marked relief.

The attacks are paroxysmal: they are increased by the least exposure to cold and frequently lessened by warmth.

Pregnancy seldom occurs with this disease—the same condition, that causes the pain, is likely to *prevent* conception.

The pain of Dysmenorrhœa is seated in two organs—the ovaries and the uterus.

The ovaries, extremely delicate and sensitive, are easily thrown into an abnormal condition.

At each period of ovulation, the ovaries, one or both, undergo a variety of changes, which are all requisite to the fulfillment of its physiological function, but which at

the same time, brings it into a condition that may be regarded as almost pathological.

The ovary is now in a state of high nervous excitability, a slight exaggeration of the congestion may cause inflammation—a slight increase of the nervous condition may cause neuralgia.

Dr. Simpson, professor of midwifery, in the university of Edinburg, shows that the ovaries alone may be the seat of Dysmenorrhœa, by citing examples of two patients, who suffered for months from Dysmenorrhœa. No other form, than the *ovarian* was possible; as in both cases, the *uterus* was *absent*.

While such changes are known to exist in the ovary and give rise to painful sensations, we have abundant proofs that the uterus is—in the greater number of cases—the peculiar seat of the pain and is commonly accompanied with such symptoms as are referable only to that organ.

Dysmenorrhœa may be divided into three distinct classes: the Neuralgic, Congestive and Obstructive.

Most authors divide into four classes—calling the Membranous a distinctive variety—it is here classed with the congestive.

#### THE NEURALGIC.

This form generally numbers among its victims the weak and young who are suffering from mal-nutrition or whose generative organs are not fully developed. Yet its presence after years of healthy menstruation has been traced to the following causes: severe illness or bodily prostration, suppression of the menses by cold, metritis after parturition or abortion.

The pain precedes menstruation by a day or two; reaches its climax during the first thirty-six hours of the flow and then by degrees intermits or remits.

The pain may be seated in the uterine and pelvic regions, or in other parts of the body: it may take the form of neuralgic head, face or toothache. Pain is often experienced in the back and loins and extends down the inside of the thighs—sometimes the stomach is disordered

and the sensitiveness of the abdominal surface is very great.

The fact that during the intervals, the general health and strength of the patient are often excellent, without even the loss of flesh or color, confirms the diagnosis of a nervous rather than an organic disease.

In some instances the disorder of the nerves seems to include the whole nervous system—in others it is limited to the sexual organs.

In the latter case it is generally of less duration; though not always of less violence.

#### CONGESTIVE DYSMENORRHOEA

consists of two forms: the congestive and the congestive membranous.

The congestive is simply an exaggeration of the symptoms of ordinary menstruation.

Anxiety of mind, great fatigue, disorders of the stomach are a few of the causes.

This form is apt to occur later in life than the neuralgic.

Sometimes the most careful and thorough examination fails to show any structural defect.

The sufferings are not mechanical, but are caused by congestion of the membrane lining the uterus. There exists a nervous irritation of the uterus, because of the over-sensitiveness of the tissues.

This irritation of the uterus may give rise to reflex movements and cause a convulsive contraction of the cavity of its neck.

The flow is thus partially prevented, which causes irritation in the motor nerves of the body and fundus of the womb.

One or more days previous to the appearance of the menses, the patient feels a sense of weight about the pelvis and compressive pains about the sacrum.

During the first twenty-four hours of each menstruation, the discharge is generally scant and the pain severe. About this time the flow becomes more abundant and the pain abates.

The congested womb ached until relieved, as the head aches from congestion of the brain. In some cases the flow is slight, and, so, consequently, is the relief.

In such cases the womb continues to throb and ache during the whole period and for some time afterward is painfully sensitive.

In other cases the flow is intermittent, and, although rather scanty, is partially coagulated. This coagulation takes place in the womb, owing to the slow oozing of the flow. In healthy menstruation the blood flows rapidly from the womb into the vagina, where the fibrin is dissolved by the acid secretions and coagulation is thus prevented.

#### MEMBRANOUS DYSMENORRHOEA

is a form of menstruation not often met with; very painful and difficult to deal with.

Mingled with the menstrual discharge are portions of mucous membrane. They may be in shreds, strips or pieces, varying in size from one to two or three square inches. They may be discharged but once, or follow through many menstruations.

The membrane is formed by the uterine glands. Ovarian congestion gives to these glands an increased, sympathetic growth and they form a false decidua. The membrane is smooth on one surface and rough on the other, and shows the remains of dilated uterine glands. If we have the casts of the womb or put properly together the membranous parts, three orifices can be traced, corresponding to the Fallopian tubes and the os internum; thus proving the membrane the same decidua as that which under the stimulus of conception, passes through a more complete development to serve important purposes.

Obstructive dysmenorrhœa is a painful kind of menstruation caused by "a partial or complete closure, or obstruction of the canal of the uterine cervix."

The sufferings are due to the narrowness of the channel through which the blood has to pass. "The presence and pressure of the blood, that has no adequate outlet,



excites *peristaltic* contractions of the uterus, with a view to overcome the contractions."

The impediment may exist at the external os uteri, or at some limited part of the cervix, or it may involve the whole canal.

The obstruction may be assigned to the following causes.

1. It may be the effect of some organic malady of the uterus; as fibrous or other tumors, or it may arise from a morbid condition of the uterus itself.

Some positive obstacle to the escape of the flow, as narrowness of the cervix or mouth of the womb, flexious formation of strictures, or a membrane in the cavity or mouth of the womb. Congenital or some acquired cause may close the os internum or externum. Inflammation or congestion of the lining membrane may exist to such an extent as to cause *temporary* closure.

As long ago as the year 1823. Dr. Mackintosh, in dealing with cases of obstructive dysmenorrhœa where there were cases of stricture of the canal, thought that to dilate that canal with bougies might relieve the pain.

During the interval from the year 1826 to '32, Dr. Mackintosh met with twenty cases which he thus treated: eighteen were with marked success. Ten of the eighteen cases were married women, seven of whom afterwards had children.

It appears reasonable to suppose that too great a contraction or narrowness of the cervical canal might cause at least a permanent irritation in the womb. It is at least certain, that cases are met with where, owing to this contraction, there is marked alteration in the size and form of the canal.

If the uterus is in its natural position and the patient has never had children, it is almost impossible to use straight bougies; they should have a curve similar to the uterine sound.

I cite two cases of my own of obstructive dysmenorrhœa.

Mrs. H——, a blonde, of nervous temperament; age,

31 ; of full habit ; led an indolent life ; was never pregnant ; menstruation each month very painful.

She had been treated by several Allopathic physicians, who failed to give relief.

Following their advice, she had taken morphia so frequently that it had become a habit.

The pain preceded the flow by 48 hours.

For about 24 hours before the menstrual discharge appeared the patient would writhe in convulsions.

The hands and feet were cold, head hot ; pains in back and down the thighs. The patient was troubled by nausea and vomiting ; a sense of weight and tension in the left ovarian region ; a feeling of fullness in the mamal—a violent headache and constipated bowels.

The flow brought no relief—it was scanty and intermittent—at times shreds of membrane were expelled.

Upon digital examination, Oct. 27, 1877, found the uterus low in pelvis, and the os externum rigid.

On using the speculum discovered no inflammation.

The cervical canal was almost impervious. With some difficulty introduced Sims' probe into the uterine cavity.

Applied a glycero of bell. to the os uteri every other day ; gave one dose of bell. 13<sup>x</sup> every night.

Nov. 20th, introduced the sound without difficulty ; found the uterus of normal size ; then introduced a tent of lamina, digitata, which was let remain six hours.

The next day a tent of larger size was introduced, taking care to dilate the canal *equally* throughout its length.

At first the os internum was very rigid, the first tent causing considerable pain and nausea.

Placed glycero of bell. at the os externum to keep the bougies from slipping out. On the third day oiled the index finger, swept it around the interior of uterus, found the mucous membrane smooth. Large quantities of mucus were discharged.

The following evening a note was received, from which I quote : “ Menses came on last evening and not a single pain ! I can scarcely believe it ! Thirteen years have passed since this occurred.”

Continued the same treatment during the following month; used the glyceros but twice a week, and a few days before the time of menstruation, used a tent of medium size.

I had expected the case would need occasional treatment for perhaps a year, but the patient continued to menstruate without pain for several months. At the end of that time she conceived, and in Feb. '79 was delivered of a still-born child weighing seven pounds.

The second case was of a lady, aged 28; brunette; somewhat anæmic, married, never pregnant; menstruation regular, but painful and scanty, with leucorrhœal discharges during the interval. The bowels not actually constipated, but there was difficulty in defecation.

On examination found the uterus completely retroflected, its fundus occupying the hollow of the sacrum, with chronic inflammation of the os.

Endeavored to relieve the flexion by placing the fundus in its normal position and supporting it there by using Hodge's pessary, using at the same time both local and internal remedies to subdue the inflammation. Continued this treatment two months without perceiving any radical relief.

Concluded now that the os internum or some portion of the cervical canal was so narrowed (in consequence of the tumefaction of the parts) as to present a mechanical impediment to the menstrual discharge.

It seemed as though recourse must be had to surgical treatment, and the cervix divided before permanent relief could be given.

Before taking this extreme step concluded to try dilatation. Had some difficulty in passing the smallest tent, as the uterus was still retroflected.

Ten hours later had to press the index finger of left hand firmly against the os to remove the tent, which was bent above the os, where it had yielded to the bend in the uterus.

Two days later, introduced a larger tent, which was also slightly bent.

On the next day menstruation appeared with less pain and difficulty than on previous occasions.

The following month dilated twice (about a week before the period), the tents were not so bent, but were slightly twisted.

This treatment was of marked benefit; the next month menstruation passed without any pain and was quite free, lasting four days.

A year has elapsed and the patient has had no return of the trouble, and her general health is quite good.

Simple as is this treatment, it has given relief in several cases and is worth trying before dividing the cervix.

---

*EXTRACT FROM AN ADDRESS.*

---

[Extracts from Address of Dr. S. B. Parsons, Surgeon, to the St. Louis Society of Homœopathic Physicians and Surgeons, July 21, 1879.]

LADIES AND GENTLEMEN, PHYSICIANS AND SURGEONS:

In assuming the duties of president of your society, I have thought it would not be amiss to briefly review the situation of Homœopathy to-day as it stands, in the opinion of the public here and elsewhere, and compare its present condition with that of ten years ago. In Europe the status of our school is rapidly rising as evinced by the appointment of its teachers and followers to places of trust and honor, and public acknowledgement of its worth as a medical doctrine made by the nobility and crowned heads. The reign and rule of Allopathic ideas and power are gradually melting away before the benign rays of a milder but more powerful influence, and the gentle and quiet streams of belief in the efficacy of "like cures like" flowing steadily through all classes of mankind, are surely increasing as they flow toward the one great Sea of unity of thought.

In America giant strides mark its course. Colleges, hospitals, asylums, dispensaries, journals, under its fostering care are springing forth in every quarter, whilst State and national influence are being dealt out, in very material doses too, to institutions whose teachings are for the

extension of the strong arm of Homœopathy to sufferers of ills to which mankind is heir. New York, Massachusetts, Michigan, California, Iowa and other States I might name, have taken the advance guard, and if indications can be relied upon we shall soon see still others wheel into line in the battle to give "equal rights to all."

In our own city professional matters are indeed happily progressive. There never was a time when true fraternal feeling so universally existed among the brotherhood of our city as the present one. Real and supposed wrongs have all been righted, "enmity has been supplanted by good will," "envy and jealousy have each been buried in the oblivious past," and the most cordial feeling is manifested throughout the entire profession. I congratulate you, ladies and gentlemen, that your determination to unite the dissevered membership has finally triumphed, and that the effort so fruitful will bring still greater results for good, I feel assured. With union of thought and action our future labors will be lightened, success more certain, our progress more rapid, and with the rest will come from the profession abroad confidence and trust, in such measure and form as will guarantee their fullest sympathy and approbation. Nor will the good obtained be felt by each individual only, but our college, dispensary, journal, the Good Samaritan Hospital, our society, will each and all be benefited by the increased energy each member will throw into his work.

It is an admitted and well recognized fact that the St. Louis Homœopathic physicians are hard workers, and fully up in their studies on all the branches of medicine. The day has passed when patients must be sent to Eastern cities, or be put into the hands of the Allopathic doctors for medical or surgical treatment. For in our ranks are those who have given and are still giving exclusive study to obstetrics, gynæcology, diseases of children, diseases of the brain and spinal cord, diseases of the throat and chest, eye and ear, surgery, urinary diseases, etc., and who are recognized by the whole Homœopathic fraternity as authors of high attainments and renowned skill in their special branches.

Nothing will so surely inspire respect from the profession

at large as harmonious working at home. And when there is perfect fraternization among ourselves, added to energy and ability in medical attainments, the world will be compelled to grant a higher degree of respectful consideration than is allowed to envious disputers and disturbers of local and public good.

---

### *GOLD AS A REMEDY IN DISEASE.\**

---

Some few months ago Dr. Burnett delighted his readers with a little book; this book treated of the virtues of table salt, and he showed most clearly that a substance too often considered medicinally inert was really endowed with great powers for curing disease. In the interval between the appearance of "*Natrum Muriaticum*" (Dr. Burnett's book about salt) and this present date (we write in the leafy month of June, and it is pouring in torrents) our author has not been idle, for he has given us another monograph on a specially precious metal, and on a specially interesting subject. The title of this monograph is "*Gold as a Remedy in Disease.*"

What is it all about?

Firstly, Dr. Burnett gives us a slight historical sketch of the therapeutical use of Gold, and we learn therefrom that, though Hahnemann has given us precise indications for the choice of this remedy, yet that he cannot be said to have "*discovered Gold,*" therapeutically speaking. The "*claim*" lies with authors of far more remote antiquity. As usual, the "*Heathen Chinees*" are credited with this discovery. Wiegand, in his "*History of Alchemy,*" says that the Chinese used Gold medicinally 2,500 years before Christ came into the world, and cured diseases without any medicine at all. But setting aside the Chinese, who discovered everything 2,000 years before anybody else in Europe, we know that Pliny the elder describes the use of Gold in medicine. As Dr. Burnett says, "*Pliny died in the year 79; this account*

---

\* *Gold as a remedy in Disease.* By J. C. Burnett, M.D. London: Homœopathic Publishing Company, 2, Finsbury Circus.

therefore must have been written eighteen hundred years ago."

Then come tremendous gaps in the history of Gold as a remedy; in the seventeenth century we find that it had been used as an antisymphilitic by J. Colle, in 1621 and in 1623, as *Aurum Vitæ*, for the pest, for syphilis, leprosy, dropsy, and a few other ills which flesh is heir to, by a certain Planis Campi, whom most of us would have known nothing about but for the disinterment of the man and the remedy by our distinguished aurographer. However, to bring this bit of medical history to a close, we find that it was used again in the eighteenth century, and in the beginning of the nineteenth, having been alternately revived and forgotten about every twenty years in the nineteenth century, and about every fifty years in the eighteenth. Previous to this date men's memories of this drug, and men's partiality to its use, became fainter and fainter, as we go back three and four hundred years at a stride to times which are just bygones and barely historical bygones.

Thus much for the history of Gold as a remedy; now for the practical outcome of this diving into medical history. Dr. Burnett teaches us by the light of these medical annals that Gold is a powerful remedy in disease, and that its action is purely homœopathic; for the very affections and conditions of the body and the mind can be and have been produced on the healthy individual by overdoses of this mineral, sometimes given accidentally, and sometimes with scientific purpose as in the case of the Hahnemannian provings. The author gives a short and interesting proving of Gold on his own body, and the mineral was one too many for him.

We learn that Gold causes *depression in spirits, a depression which in some individuals amounted to a suicidal tendency*. Homœopathy makes use of this proving, and cures mental depression with small doses of this mineral. Dr. Hughes' case is quoted on page 95 in illustration of this curative power, and Dr. Chapman's case is alluded to. We learn that Gold, causes *headache*,



*with rushes of blood to the head, and giddiness. We learn that Gold causes pains in the bony scalp, and develops bony lumps on the skull-cap. Gold absorbs bony lumps which appear on the scalp of a syphilitic origin.*

We learn that Gold causes *extreme tightness of the chest, with difficult breathing*—angina pectoris, in fact. It also causes *violent palpitation of the heart, with a restless anxiety arising in the region of the heart.* We know that Gold given medicinally relieves this oppression, this anxiety, and this violent palpitation.

Indeed we are grateful to Dr. Burnett for having recorded a case of rheumatic endocarditis, which was treated most successfully with a preparation of Gold, the 2nd trituration of *Aurum foliatum* having been used. When we were being initiated into some of the mysteries of our Materia Medica by Dr. Harper, of Windsor, one very striking case of mitral valvular murmur was immensely benefited by the Muriate of Gold; in fact, after about three months' treatment the murmur was nearly inaudible.

We may speak of another case, also seen under Dr. Harper's care, where there was a strong blowing murmur with the first sound, which was much benefited by *Aurum Muriatricum*, but cardiac hypertrophy, intense dyspnoea, and anasarca were also present, the results of a sharp attack of rheumatic fever. In our own practice, at Croydon, we met with a remarkable case of cardiac murmur and irregular action of the heart which were entirely removed by *Aurum Muriatricum* in the 3rd trituration. So few of our body make use of this most potent remedy that we are all the more indebted to Dr. Burnett for having revived our flagging interest in Gold as a remedy in disease. As a piece of clear sensible English writing his monograph is well worth our study, as a bit of painstaking medical work it is well worth our imitation. We commend it to all our medical readers in the hope that they may find the same pleasure as we have found in the perusal of its pages.

“Mach's nach, aber Mach's besser.”

Das ist nicht möglich lieber Herr Doctor.



### *NITRITE OF AMYL IN ORBITAL NEURALGIA.*

BY A. H. ALLEN, M.D., NEW LONDON, CONN.

A gentleman about middle age, full habit and vigorous, applied to me for relief from excessive pain in and over the right eye, which comes on periodically, or when he is prostrated to a certain extent by overwork. I prescribed *Ars.* <sup>8x</sup>, to be taken during the evening and night if awake. I called the next morning and found my patient no better. He was using hot water and bags of hops as external applications.

I determined to try *Nitrite of Amyl* 1<sup>x</sup>; putting ten drops upon a cloth I directed him to inhale it. In less than five minutes he said, "Doctor, I feel better." I let him have it until it evaporated; then, after waiting for a short time, I gave him the same quantity in the same manner again, which still further increased the relief. When I left half an hour afterwards, I put ten drops of the remedy in half a tumbler of cold water, and requested him to take a teaspoonful once every half hour for two hours, if the pain returned. It did not return until about the same time the next morning, from five to seven o'clock, when he took the remedy as ordered. After the second teaspoonful the pain left him, and there was no recurrence from Friday up to the following Monday, when he left town on business. So much pleased was he with its action that he took with him enough to last until his return. The only effect other than the relief of the pain was a slight decrease in the heart's action.

The patient has had this trouble for a number of years, and never has had any relief before, although he has been treated by eminent physicians of both schools—[*New England Med. Gazette.*

THE Cincinnati Medical Advance for September contains the entire proceedings of the Hom. Med. Society of Ohio. This number consists of 140 pages, and will be sent to any address on receipt of 25 cents.

**PROVINGS; HOW THEY SHOULD BE IMPROVED.**

BY T. J. WILLIAMSON, M. D., CINCINNATI, OHIO.

[Presented to the Academy of Homœopathy of St. Louis, Mo., May 9, 1879.]

Provings, the corner-stone upon which the mighty temple of Homœopathy, like the Mosque of Omar, was erected, is a subject of vital importance to every seeker after scientific Homœopathic truth. As the correct provings of drugs is the beacon star which guides us on to the goal of success in the treatment of disease, they should be very thorough, and should be conducted by men of the largest experience and finest discrimination, by which they may be enabled to judge between the effect of medicine on a healthy body and the morbid agencies emanating from animal or vegetable decomposition, or from the germ of disease in the system.

Every symptom produced by the medicine in the hands of the prover should be accurately noted, that symptoms presenting themselves in the diseased body may be intelligently met with the remedy which corresponds most positively to such symptoms.

The prover, if an experienced physician, might be of incalculable service, especially to the young practitioner, by suggesting the potency as well as the remedy. Some very important medicines which have been proved have given contradictory symptoms in the hands of different provers. Many of these symptoms, which are as useless as they are erroneous, should be dropped and the remedy thoroughly studied, and the well-marked symptoms perfected by repeated provings in order that the practitioner may select and administer the remedy that is strictly pathogenetic to the prevailing symptom, and thus, by a scientific application of the therapeutical resources of nature, overcome morbid action in the system and substitute in its place a healthy recuperative effort by which the "*vis medicatrix*" may overcome disease and death, and restore the different organs to their sound or normal

condition, and to the proper performance of their various functions.

The law of cure as taught by the founder of Homœopathy, the immortal Samuel Hahnemann, as expressed by the maxim, "*similia similibus curantur*," is that diseases are cured more quickly, safely and effectually by medicines which are capable of producing (when administered in excessive doses) symptoms similar to those existing in the patient and which characterize the disease, and hence the vast importance of such provings as can leave no doubt in the mind of the physician as to the selection of the proper remedy to combat and overcome unfavorable symptoms as they may present themselves.

The antagonistic results which have been obtained from the same remedy in the hands of different experimenters, present difficulties in the practical application of the remedies to the symptoms, which are exceedingly hard to overcome and are a source of great trouble and perplexity to the practitioner. It has been held from the time of Hahnemann to the present day, that every symptom characteristic of disease has in the laboratory of nature a remedy which is pathogenetic to such symptom, and which, if properly selected, cannot fail to exert a salutary influence upon the diseased system, and by its special affinity for certain organs and tissues overcome and eradicate the poison which is sapping the foundation of health, and surely planting the seed of dissolution. When by repeated provings the key notes or grand characteristics of a given remedy are unmistakably established, and from the whole catalogue of medicines those which point directly and specifically to certain symptoms only are enumerated, then the millenium of medical practice will have arrived, and all practice based upon false theory and principle will sink into merited oblivion, and Homœopathy shine forth with renewed splendor as the only true and perfect system of medicine the world has ever known. When the great desideratum has been reached, thorough and complete provings established, useless remedies expunged from the *Materia Medica*, such

pathogenetic remedies retained only as are necessary to meet all indications, the practice reduced to a science in the beauty of its scientific simplicity and accuracy, Homœopathy, armed with its unfailing weapons, clad in invincible armor, shall with renewed vigor attack and overcome disease and erect on the ruins of false doctrine and teaching a temple of health while space endures for all time to come

---

**OPHTHALMIC AND AURAL EXAMINATIONS DURING THE PROVING OF REMEDIES.**

---

*Action of the American Homœopathic Ophthalmological and Otological Society on the Subject.*

---

BUFFALO, N. Y., July, 1879.

TO THE CHAIRMAN OF THE BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS IN THE AMERICAN INSTITUTE OF HOMŒOPATHY, JABEZ P. DAKE, M. D., NASHVILLE, TENNESSEE :

At the third annual session of the American Ophthalmological and Otological Society, held at Fort William Henry Hotel, Lake George, June 24th and 25th, 1879, the following motion prevailed :

That a committee of three be appointed by the President of the Ophthalmological and Otological Society for the purpose of conferring with the Chairman of the Bureau of Materia Medica, Pharmacy, and Provings in the American Institute of Homœopathy, with the view of perfecting the ophthalmic and aural examinations during the proving of remedies.

In fulfilling the spirit of this motion, the committee would suggest to the Bureau, the advisability, should it meet your approval, of having careful examinations of the eye and ear made by specialists before, during, and after the action of the drug ; the former, to determine the condition of the visual function, of the fundus, of the accom-

dation, of the refraction, and of the extrinsic muscles ; and the latter, to show the state of the external auditory canal and membrana tympani, with a careful record of the hearing power.

All of which is most respectfully submitted.

F. PARK LEWIS, M. D., Buffalo,  
H. C. HOUGHTON, M. D., New York, } *Committee.*  
W. H. WOODYATT, M. D., Chicago, }

Inasmuch as there will be no meeting of our Bureau before next June, and, in view of the importance of the suggestion made in the above communication, I deem it my duty in this manner to bring the subject at once before the profession.

I am sure I represent correctly the mind of each member of the Bureau, when I say that, the appeal will not prove an idle one so far as we are concerned, and that we will take such action in the premises, when we meet, as the importance of the suggestions and the high standing of the society whence they emanate, seem to demand.

For myself, I need hardly say that this action of the Ophthalmological and Otological Society meets a very ready and hearty response.

At the meeting of the American Institute in Chicago, twenty-two years ago, in presenting the defects of the current methods of drug-proving and a plan for improvement, I laid down a proposition, the soundness of which is demonstrated from year to year, viz. : "The range of pathogenetic observations should be equal to that of morbidic."

And at the meeting of the Institute in Cleveland, in the year 1873, reporting upon the same subject, I said,

"Our knowledge of drug symptoms must be co-extensive with our knowledge of the symptoms of disease.

"The symptoms of disease are studied in the expressions of pain and discomfort gathered from our patients, and in whatever we may observe in their manners, general appearance, and morbid products, through the exercise of our senses, aided by all the tests of modern science.

“ And exactly in the same manner and to the same extent we must study the effects or symptoms of each drug admitted into our *Materia Medica*. ”

And in the discussion which followed the reading of my report, I said,

“ By whatever signs disease has manifested itself to us, in abnormal sensations or abnormal appearances, by the same must every drug reveal itself to our understandings.

“ As we study disease, so must we study drug-influence, not alone in its subjective, nor yet alone in its objective symptoms, but in all, in every direction, and to all extents.

“ If, in disease, we observe the state of the pulse, the appearance of the tongue, and the expression of the face, we must do likewise when we examine an organism that is under drug-influence.

“ If we apply the stethoscope, and thermometer, and speculum, and employ the microscope, ophthalmoscope, laryngoscope, and chemical reagents, in the one case, we can not, as intelligent and conscientious provers, neglect them in the other.

“ Whatever modes and whatever means we require in arriving at a proper knowledge of disease, are required just as much in arriving at a knowledge of drug-influence. ”

I simply refer to such utterances to show how ready I am to second the efforts of the Ophthalmological and Otological Society, and also what has already been done to arouse the profession to a sense of what is lacking, and of what may and should be supplied in our *Materia Medica*.

In the August issue of the “ *Hahnemannian Monthly*, ” I am pleased to see an able article from the pen of James A. Campbell, M. D., of St. Louis, entitled, “ *Hints to Provers Regarding the Eye and Ear*. ” In order to carry out the suggestions made in this article, as well as in the communication from the Ophthalmological and Otological Society, drug-provers must be situated where specialists, or experts, may be had to employ instruments in the examination of the eye and ear.

The best opportunities afforded for this work are in the classes at our colleges, especially where both male and female students congregate for several months in the year.

It would not be a difficult matter for the professors of *Materia Medica*, in the several schools, to agree upon a number of drugs, known to have a decided influence upon the eye or ear, which, with the aid of the lecturers upon diseases of the eye and ear, they could subject to a thorough proving in the course of one term.

But, allow me to say in conclusion, that those who essay to treat affections of the eye and ear, are not alone in finding the *Materia Medica* deficient when they search for the *similimum*.

Whenever one of our schools steps forward with a satisfactory experimental department, for the proving of drugs, in a systematic and thorough manner, so as to meet the reasonable wants of all who desire to follow the Homœopathic law in medical practice, it will find help coming from many quarters, and will accomplish a work, in value and permanency, far enough beyond any other work it can ever do.

J. P. DAKE, M. D.

—*Hahnemannian Monthly* for September, '79.

---

LACTOPEPTINE.—The New York Pharmacal Association have purchased the entire right in the manufacture and sale of *Lactopeptine*, and it is a pleasure to call attention to the material sold by them. This is of course something more than a preparation of Pepsin, but there is no pretence of secrecy on the part of the association in regard to the matter. The exact formula used is published, and with all of the facts desired by the public, there is furnished additionally the testimony of some of the most prominent practitioners of New York City. The writer has had a fair opportunity of testing *Lactopeptine*, and is satisfied that the testimony of Drs. Loomis, Leaming, Sayre, Percy and Satterlee, in regard to it, is strictly reliable. —[*American Medical Bi-Weekly*, Louisville, Ky., April 13th, 1878.]

**ADDRESS OF PROF. PHILO G. VALENTINE.**

---

*On the Opening of the Winter Course of Lectures of the Homœopathic Medical College of Mo., St. Louis, May 8th, 1879.*

---

STUDENTS, FRIENDS AND CONFRERES :

The auspicious hour has arrived for the official opening of the present winter course of lectures of the H. M. C. of Mo. This is the beginning of the 21st annual session. A day we hail with pride and pleasure, and I have been selected as your orator on this interesting occasion, to proclaim anew the principles and truths that underlie our beloved system of practice and make it the most admirable and successful of any system of medicine known at the present time. And had I the brain of a Napoleon, the voice of a Chatham, or the tongue of Demosthenes, or the long life of Victor Hugo vouchsafed to me, I would give them all freely, and with all the enthusiasm of my nature, to the proclamation and dissemination and perpetuation of Homœopathy as God's best and sublimest gift to physical man; but as it is, my oration will be comparatively brief. And as you are gathered here for the furtherance of this most noble cause, it is becoming and proper that I should extend to you a few words of kind greeting.

We are strangers, many of us, to each other now, but permit me to extend to you a cordial welcome to our beautiful city, and a cordial welcome to these modest halls of science and learning of our own flourishing Homœopathic Medical College! We make no pretensions to architectural elegance or grandeur, but we have every appointment necessary for the successful teaching of the science of medicine, and surgery, and obstetrics, found in the most approved modern schools. You have embarked in a most honorable and arduous calling, and I am truly gratified to see before me so many intelligent faces, and I am constrained to believe that the power lies hidden



within you to confer honor some day upon the profession you have chosen ; provided you are true to yourselves and are in the possession of that *living flame* of wide-awake, lofty enterprise, which is the true characteristic of the educated youth of America. I greet you, therefore, with unfeigned pleasure, and I trust that our intercourse here, from day to day, will be pleasant, becoming, dignified and instructive.

You are entering upon a *terra incognita*, but that unknown country awaits your coming, to crown you with laurels when you deserve them. In all the avocations of life, there is none that requires so much nerve-control, so much ready mother-wit, so much equipoise of brain, so much ready-handed, available skill as that appertaining to the practice of medicine. And as you will be liable, when you become full-plumed Æsculapians, to be summoned at any moment to minister to the wounded, the mangled, the diseased and the dying, in any and all kinds of accidents and disasters, it becomes an imperious necessity that you be well indoctrinated and thoroughly prepared to encounter and to overcome the difficulties of any emergency that may arise. Time will give you possession of all these faculties. In our enlightened day, the action of our therapeutic law is not so obscure or occult as formerly, and is better understood ; though the educated mind is not yet quite satisfied with all the researches and deductions that have been made recently in the scientific and medical world touching this fruitful subject. It is enough for our purpose, however, to-day, to claim that all curable diseases yield to the administration of the properly chosen remedy more *quickly*, more *safely* and *pleasantly* than under any other mode of treatment. This you will see time and time again, all winter long, as you attend the daily clinics in the College Dispensary and the other special clinics in the lecture rooms, where every disease will be illustrated in your presence and shown to your satisfaction. You will find all the general and fundamental branches thoroughly taught here, and all of the specialties are particu-

larly well represented, some of them by gentlemen well known wherever Homœopathic literature extends. So you will have plenty to do to keep your brains busy and your time occupied in attending the lectures, the cliniques and the dissections.

But there is something else for you to learn besides how to recognize and how to cure disease, and by some considered equal if not of greater importance ; and that is, how to prevent disease. By learning how to prevent the on-coming of sickness, you have made a vast step forward in accomplishing a cure ; because you have learned the cause, and knowing the cause, you may be able to remove it, and if so, in very many cases the cure is effected solely by the removal of the cause.

It is allotted unto man once to die ; but that is no reason why we should not try to put that dreaded day as far off as possible, and this can be done by learning how to prevent diseases, and by bringing such valuable knowledge into use at the bed-side.

The preventing of diseases or diseased conditions is called prophylaxis, and the exercise of this knowledge brings us to sanitary science ; a science that till quite recently has been sadly and shamefully neglected. And even now vast districts are sometimes depopulated, and large cities almost swept from the earth by epidemics, purely on account of ignorance or neglect of sanitary regulations, such as any intelligent physician ought to be able to formulate and recommend. There are physicians who do not care to teach communities in which they live any health-preserving measures, because, forsooth, it might lessen their incomes ; but I trust none of you will ever be so dishonorable as not to be as industrious in applying the art of preventing, as in applying the art of healing. Sanitary science now bids fair to be one of the most interesting studies of the future, as it embraces the knowledge in all its widest ranges of preserving human life and promoting human happiness. It consists in part, if not chiefly, in a knowledge of proper house ventilation, quarantines, disinfection, deodorization, drain-

age, sewerage, heating apparatus and water supply. It is plain then, that there is no limit to the usefulness of hygienic rules and regulations in all the affairs of life. They should be utilized in the erection and use of every public building, every private building or residence or habitation for the shelter of man; in every lyceum, concert hall or church; in every factory, theatre and school-house, college, university, gymnasium or so-called sanitarium; in every camp, and fortification, and prison; in every hotel, steamer, vessel, or sea-going craft; in every hospital, asylum, and harbor; in fact, wherever men do congregate for profit or amusement, at home or abroad. A thorough sanitarian may not necessarily be a physician, but a thorough scientific physician must be a sanitarian, or he will fail to meet the demands of the times and disappoint the expectations of his friends. And if a young man of to-day would carve his way high above the unthinking masses and adorn the medical profession, he must be panoplied with a banner bearing aloft the insignia of Hygea as well as of Apollo. He must yield to the soft and gentle influences of the rosy Goddess of Health, as well as listen to the poetry and music of the God of Medicine. In other words, the *healing art* should embrace the art-preservative, as well as the art-curative, and they should be handmaidens, equally desirable and useful. The past in medicine has given us many a proud trophy, and over the future there arches a bow of bright promise. Who shall win new victories in medicine and vanquish the cohorts of error? The prophylaxes of variola and of scarlatina and malarial fever have been found, and it may not be long before the same may be done for other deadly maladies, and yellow fever and cholera and diphtheria and hydrophobia shall be robbed of their terrors by some process now unknown or undreamed of.

“Fresh fields and pastures new,” beckon you on to pleasant labors, and some of you may perchance carry the torch where light never shone before, and thus brighten the pathway of many a life that has been placed in your hands.

I have now only this to say, with our own Longfellow,

“ In the world’s broad field of battle,  
In the bivouac of life,  
Be not like dumb driven cattle,  
Be a hero in the strife.”

St. Louis, Mo., Oct. 7th, 1879.

---

*EXTRACTS FROM THE PROCEEDINGS OF  
THE ST. LOUIS HOMŒOPATHIC MEDICAL  
SOCIETY.*

---

MARCH 10, 1879.

ESSAY AND DISCUSSION.

Dr. Everett, the essayist for the evening, stated that he had no essay written out, but would tell what he had to say. The subject of his lecture was,

SURFACE MARKS OF THE NECK.

He said he had expected to have present an individual showing quite an anomalous formation of the veins of the neck, but had not on account of the rain. He called out, instead, the janitor, upon whose neck he pointed out the different marks to the members of the society as he proceeded with his lecture.

He said, the neck is that part of the body between the head and trunk; it is bounded above by the inferior border of the lower jaw, a line passing from the angle of the jaw to the mastoid process, and the superior curved line of the occipital bone; below, by the sternum, clavicle, and scapula. In shape it is nearly cylindrical, is convex from before backwards on either side, and from side to side in front. The lateral and anterior regions present points which are well marked and have been long recognized as guides to the performance of operations in this part of the body, but the posterior region of the neck is flat and presents no points of import.

The shape of the neck is such that in dressing it wide bandages cannot well be used, narrow ones being better,

though for the retention of poultices wide ones may sometimes answer.

If the head be turned strongly to the right, and inclined toward the shoulder, we shall have the left side of the neck appearing as a parallelogram. This parallelogram is divided into two triangles by a ridge extending from the inner end of the clavicle obliquely upwards and backwards to the mastoid process. This ridge is formed by the sterno-cleido-mastoid muscle. The anterior triangle is bounded above by the lower jaw, and the imaginary line extending from its angle to the mastoid process; in front by the median line of the neck; and behind by the sterno-cleido-mastoid. The posterior triangle is bounded in front by the sterno-cleido-mastoid, behind by the anterior border of the trapezius muscle, and below by the clavicle.

Inspection reveals a small triangular depression, known as the cellular depression or fossa, just above the inner end of the clavicle and between the sternal and clavicular portions of the sterno-cleido-mastoid. A knife introduced here might wound the common carotid artery, or, if directed a little backwards, the internal jugular vein. The common carotid artery extends upwards in a line passing from this point to the middle of the line from the angle of the jaw to the mastoid process, and bifurcates on a level with the upper border of the thyroid cartilage, against the side of which it may be compressed. The depression between the trachea and the sterno-mastoid is the carotid fossa, and that between the sterno-mastoid and the trapezius and splenius muscles is the supra-clavicular fossa.

The superficial vessels of the neck lie beneath the integument, superficial fascia and the platysma myoides muscle. Most externally, we have the external jugular vein extending from the parotid gland, on a level with the angle of the jaw, perpendicularly downward, in a line from the angle of the jaw to the middle of the clavicle. It crosses the sterno-mastoid and runs parallel with its posterior border to its attachment with the clavicle,

where it perforates the deep fascia, and terminates in the subclavian vein. A little compression over its lower end causes it to stand out and become prominent. Sometimes there is present a vein connecting the lower part of this with the cephalic vein.

The next vein of importance is the anterior jugular. It passes between the median line and the anterior border of the sterno-mastoid, and at the lower part of the neck passes beneath that muscle to open into the subclavian vein.

The supra-clavicular fossa varies in size, being larger when the attachments of the sterno-mastoid and trapezius are widely separated, and smaller when they approach each other. It is more marked in emaciated, long necked or old persons. It contains the third portion of the subclavian artery which varies somewhat in position, but may generally be felt about one inch above the clavicle. It is sometimes difficult to distinguish between the pulsations of this artery and those of the supra-clavicular artery. This portion of the subclavian artery is in relation in front with the cervical fascia, external jugular, supra-scapular, and transverse cervical veins, descending branches of the cervical plexus, subclavius muscle, supra-scapular artery, and clavicle; above, with the brachial plexus and omo-hyoid muscle; below, with the first rib; behind, with the scalenus medius. This artery may here be compressed on the first rib by the thumb pressed downward and inward. Unless pressure is made in that direction, the artery may slip out of place. In attempts to compress the artery, it may be determined whether this is accomplished or not by examining the radial pulse, which is very quickly stopped by the compression. By strong pressure in the upper part of this fossa the transverse process of the seventh cervical vertebra may be felt.

He said he should have stated, when speaking of the sterno-mastoid, that the superficial branches of the cervical plexus of nerves emerge from its posterior border. Of these the auricularis magnus and super-cervical are

the most important, the former extending upwards and the latter horizontally forwards. The apex of the lung rises to a variable height in different persons, averaging about 1 1-2 inches above the clavicle. The sterno-mastoid and scalmi muscles form the roof of the thorax. The apex of the lung is crossed in front by the subclavian artery.

In the median line, we have below, the supra-sternal fossa in which are the large vessels and the trachea. The trachea extends above the sternum about 1 1-2 inch, and exposes from 6 to 8 rings. This length may be increased 3-4 inch by stretching the neck backwards. It is impossible to make out the rings by palpation, the thyroid, and, in children, the thymus gland, increasing the difficulty. The trachea is quite superficial above, but recedes as it goes downward, being at a depth of about 1 1-2 inches on a level with the upper end of the sternum. The cricoid cartilage can always be distinguished. It corresponds to the interval between the fifth and sixth cervical vertebræ and marks the beginning of the œsophagus, the narrowest place in the alimentary canal above the stomach, and consequently that where foreign bodies are most apt to lodge. Above the cricoid cartilage and between this and the thyroid is the crico-thyroid membrane, which is divided in the operation of laryngotomy. He said his plan, in this operation, was to make a transverse incision through the membrane just above the cricoid cartilage; in tracheotomy, just below the cricoid cartilage, pulling downward, if necessary, the isthmus of the thyroid gland. Above the crico-thyroid membrane is the thyroid cartilage, easily made out and presenting on its anterior, in adult males especially, a marked prominence, known as Adam's apple. He related the story concerning the origin of this name, that when Eve gave Adam the apple to eat, he, trying to swallow the whole thing, core and all, got it stuck in his throat so that he could neither get it up nor down, and it remained there, causing an enlargement which has been transmitted to his sons down to the present day. This prominence is



often covered by a bursa mucosa; above it is the notch of the thyroid cartilage. Connecting the thyroid cartilage with the hyoid bone above is the thyro-hyoid membrane, behind which is the epiglottis which is often severed in attempts to commit suicide by cutting the throat at this place.

The hyoid bone may be readily made out, with its cornua, which are easily broken off by the garroter. In the anterior triangle, there are below, on the right side, the vena innominata, and the arteria innominata, and on either side, the apex of the lung and the common carotid artery, with the internal jugular vein lying in front and external to it.

A line passed horizontally outward from the cricoid cartilage would strike the tendon of the omo-hyoid, which indicates the usual point for tying the common carotid artery and behind which is the thyroid gland. At the upper border of this gland may be felt the pulsation of the superior thyroid artery. Bronchocele may be distinguished from other tumors in this locality by the facts that in bronchocele the tumor pulsates markedly and moves up and down with the larynx in swallowing, which is not the case in other tumors.

The two triangles of the neck are subdivided by smaller muscles, but the smaller triangles thus formed can seldom be defined in the living subject. Sometimes it is possible, in emaciated or long-necked individuals, to make out the posterior belly of the omo-hyoid just above the clavicle, and in some instances it, as well as the process of cervical-fascia which binds it down to the first rib, may be seen moving up and down during respiration.

If the process of cervical fascia were considered a rib, then the anterior portion of the omo-hyoid might be called a muscle of respiration and named costo-hyoid, for it certainly seems to assist in that process, though to a small extent.

The outer border of the sterno-mastoid nearly corresponds to the outer border of the scalenus anticus, and,



being much more easily found, may be taken as a guide in incising for the ligation of sub-clavian artery.

This finished his lecture.

DR. COMSTOCK asked what he considered the best place for tracheotomy.

DR. EVERETT said just below the cricoid cartilage.

DR. COMSTOCK wanted to know if it could not be done lower?

DR. EVERETT said it could, but the upper part of the trachea was superficial, while the lower part was quite deeply seated; and that in children, where the operation is generally required, the neck is so short and fat, and often much swollen, that it is almost impossible to get at the lower part of the trachea.

DR. VALENTINE asked if he understood the essayist to say that he made the incision in the crico-thyroid membrane transversely?

DR. EVERETT said he did so for the purpose of avoiding the communicating branch of the crico-thyroid arteries, which crosses the membrane.

DR. VALENTINE asked if he would make the incision in the trachea longitudinally?

DR. COMSTOCK said the essayist didn't tell how he would perform œsophagotomy.

DR. EVERETT said he did not intend to.

DR. VALENTINE asked if those present who had performed laryngotomy had made the incision transversely or not, and he wanted to know what should decide whether the operation should be performed in the larynx or trachea?

DR. EVERETT said the location of the cause requiring the operation decided that.

DR. VALENTINE thought tracheotomy included laryngotomy.

DR. EVERETT didn't understand it so.

DR. VALENTINE asked if many cases recovered after operation?

DR. COMSTOCK said yes.

DR. EVERETT said they rarely recovered.

DR. COMSTOCK said tracheotomy was quite frequent now;

he had known of quite a number of cases of recovery during the past year.

DR. VALENTINE thought he would operate in the trachea, so as to be sure, if possible, that he was below the seat of disease.

DR. PARSONS said there seemed to be considerable confusion in the minds of some present as to what laryngotomy and tracheotomy were. He didn't see any occasion for it. Laryngotomy was laryngotomy and tracheotomy was tracheotomy. As to the question whether in a given case it should be laryngotomy or tracheotomy, the location of the disease determined that. In regard to the manner of incision in the crico-thyroid membrane, some surgeons made the incision transversely, some longitudinally, and some in a triangular manner. The transverse was made with a view of avoiding the branch of the crico-thyroid artery, but the danger of hemorrhage from this artery was, in his opinion, much less than that from the vessels divided in tracheotomy, made low down. He said the essayist spoke of pulling the isthmus of the thyroid gland downward. He had tried that and couldn't pull it down much. He said surface marks are very nice in long, lean-necked subjects, but a good many of the necks he had seen were those of children, so short and fat that no surface marks were to be found; he had often been obliged to locate the organs from his mind's eye, without a single line to go by.

He had never seen the carotid artery so far forward as to be in any particular danger, when cutting the origin of the sterno-mastoid for wry-neck.

DR. EVERETT said he had made his remarks from an anatomical, rather than from a surgical point of view; that he didn't intend to confound laryngotomy with tracheotomy, and he thought patients must be very fat in whom no surface marks of the neck were to be found.

DR. COMSTOCK asked if laryngotomy could not be performed below the cricoid cartilage?

DR. EVERETT said not; but the cricoid cartilage might be divided, making laryngo-tracheotomy. In regard to

his expression of "pulling down" the isthmus of the thyroid gland, he meant to convey the idea of getting it out of the way as much as possible.

DR. COMSTOCK asked if he thought there was any danger of injuring the vocal cords in laryngotomy?

DR. EVERETT said not, if the operation was properly performed, though the true vocal cords were continuous with the crico-thyroid membrane.

Discussion closed.—[*Reported by Dr. W. B. Morgan.*]

---

### **Books Reviewed.**

---

NOTES ON THE TREATMENT OF SKIN DISEASES, By ROBERT LIVEING, A. M., M. D., Contab F. R. C. T. Lond. Published by William Wood & Co., New York, in the line of their commendable effort to cheapen the publication of standard medical books.

In paper, type, binding, it is a regular gem. As a small book it is all the more convenient as a ready reference for the busy practitioner, and cuts off the author from space or opportunity for those endless distinctions and terminologies which only serve to render "confusion worse confounded" in the larger and more pretentious works on dermatology. Perspicuity might have been consulted by "boiling down" the 100 formulæ for local applications to about one-tenth of the number. In the treatment we find just a little more "soft soap" and "soap and water" than the advanced views in surgery and dermatology would seem to allow. The "regular" author, of course, adheres to the "orthodox" aperients and alteratives in massive doses, instead of the *similar* remedy in the *minimum* dose. Altogether the book is a good one and we cheerfully commend it on behalf of both author and publishers.

W. A. EDMONDS, St. Louis, Mo.

**POTT'S DISEASE. ITS PATHOLOGY AND MECHANICAL TREATMENT.** By NEWTON M. SHAFFER, M. D. G. Putnam's Sons, Publishers.

This is a well written little book of 82 pages. The author differs widely in his treatment of this affection from several prominent specialists.. He does not believe in the suspension treatment ordinarily followed by most practitioners as an important part of the mechanical treatment of this disease. He has little or no use for the plaster jacket, deeming it cumbersome, filthy, rendering the skin underneath liable to excoriations, and lastly making it necessary to suspend the patient each time the spine is inspected or cleansed. He recommends Taylor's antero-posterior apparatus. He also favors the extension treatment of Wyeth, which is, I have reason to believe, superior to the plaster jacket in certain cases. He is evidently unacquainted with the virtues of calcarea phosphorica, calcarea carb., silicea, sulphur and other preparations in conjunction with the suspension treatment, or he would find the results different from those given in his book. *The suspension treatment*, together with the remedies mentioned above, is especially serviceable in cases of inter-vertebral disease where there is no deformity. The timely use of these agents will frequently arrest the disease at once, and no deformity result. Wyeth's extension apparatus, which he mentions, commended itself to me some time since, when it was first introduced to the profession. It is superior to the plaster jacket, where the disease is in the dorsal region of the spine, and where frequent inspection of the tumor is desirable. Another point in its favor is, that whatever extension and reparation of the diseased vertebræ and inter-vertebral substances is gained, is not lost in the least when taking the patient from the swing. This cannot be said of the plaster jackets. Wyeth's apparatus has another advantage also: It can be applied before the patient is placed in the swing, and then, as soon as the extension is made, the simple turning of the screws of the instrument holds the extension gained, and

there is not the fatigue attending its application that there is in applying the jackets and adjusting the artificial spine, ribs and sacrum. The book is clearly written, and is worthy the attention of those interested in this branch of medicine.

St. Louis.

J. MARTINE KERSHAW.

---

MARSDEN'S HAND BOOK OF PRACTICAL MIDWIFERY.

This is a book of 315 pages, published by Messrs. Boericke & Tafel; it is written in an easy flowing style and evinces great research in obstetrical literature on the part of the author.

The absence of the usual chapters on the anatomy and physiology of the organs of generation will prove a source of great annoyance to those in search of information on this subject; it is claimed, however, by the author that the usual text books on anatomy and physiology contain all the information necessary to the practitioner; while this may be true to a certain extent, it will be found in considering the mechanism of the various functions of conception and parturition that the text books are not as explicit as is desirable.

There are no engravings, cuts or illustrations of any kind, and this is one of the most grievous faults in the whole book; the obstetrician, as well as the anatomist, physiologist or surgeon who attempts to demonstrate the intricacies of his subject without calling into requisition the artist, must be considered as far behind the times. As well might the architect or master-mechanic submit his plans without drawings, as the accoucheur propose to convey an accurate idea of the art he represents without illustrations.

It is claimed very properly that the book is not intended for students; and the practitioner, we fear, will find that in spite of the good intentions of the author he has failed to furnish a satisfactory book of reference.

St. Louis, Mo.

WM. C. RICHARDSON.

## **Books and Pamphlets Received.**

---

TRANSACTIONS of the Hahnemann Medical Association of Iowa, tenth annual session, Cedar Rapids, March., 15, 1879.

HOUSE'S ANNUAL DIRECTORY OF HOMŒOPATHIC PHYSICIANS, in the State of Michigan, for the year 1879, 4th edition. Circulation, 3,000. Tecumseh, Mich.

HERING'S CONDENSED MATERIA MEDICA—Second edition—more condensed, revised, enlarged and improved. Boericke and Tafel, New York and Philadelphia, 1879.

TEXT BOOK OF MATERIA MEDICA—32 advanced sheets, embracing aconitum, actea racemosa, æsculus hippocastanum, æthusa and agaricus muscarius, from Duncan Bros., with compliments. The author not mentioned.

THE POTENCY QUESTION OR THE DOCTRINE OF TRANSUBSTANTIATION IN MEDICINE. By Lewis Sherman, A. M., M. D., Milwaukee, Wis. From the author with compliments. Reprint from the Hahnemannian monthly for July.

THE TREATMENT OF EPITHELIOMA OF THE CERVIX UTERI. By J. Marion Sims, M. D., M. A., LL. D. From Wm. Wood & Co., 37 Gt. Jones St., N. Y. There is no American author better or more widely known as a Gynæcologist than Dr. Sims.

AN address delivered on the occasion of the meeting of the Illinois Hom. Medical Association, held in Freeport, Ill., May 21, 1879. By R. Ludlam, M. D.; reprint from the U. S. Investigator, June 15, 1879. Duncan Bros., publishers, Chicago.

SPEECH ON A QUESTION OF PRIVILEGE. By Prof. J. W. Dowling, M. D., Dean of the New York Medical College, at the meeting of the Hom. Med. Society of the State of New York, February 11, 1879.

The July SUPPLEMENT TO THE MONTHLY REVIEW OF MEDICINE and PHARMACY, Philadelphia, 1879.

SEXUAL NEUROSES. By J. T. Kent, A. M., M. D., St. Louis, Mo., pp. 144, Maynard & Tedford, printers and binders. This book treats briefly of onanism in both sexes, nymphomania, satyriasis, sexual neurasthenia, spermatorrhœa and impotence, with suggestions as to treatment. Some sound advice given to married people.

A CLINICAL ASSISTANT—Being reliable gleanings from practice. By H. W. Wilson, M. D., M. R. C. S. L. Duncan Bros., Chicago. This is a beautiful pocket manual, bound in red leather, containing 134 pages, and is as handy to a doctor as an interest table to an accountant.

**NOTES ON THE POSITION AND PROGRESS OF HOMŒOPATHY IN THE UNITED STATES.** By Alfred C. Pope, M. D. Member of the royal college of surgeons of England. A very pleasant and fair account of what he saw during his recent flying visit to this country. If he had visited St. Louis, he would have gone back a wiser and better man. We shall tell him so when we see him. We have an editor's fellow feeling for him and know the *devil* was after him.

**HISTORY OF THE DISCOVERY OF ANÆSTHESIA.** By the same author. This pamphlet claims that Dr. Crawford W. Long of Athens, Ga., was the first to perform a surgical operation without producing pain. He used ether and removed a tumor from the neck of a Mr. Venable in March, 1842, being several years prior to the using of anæsthetics in Boston, by Dr. Jackson Morton, or to the experiments of Dr. Horace Wells of Hartford, Conn.

**PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES.** By George Henry Fox, A. M., M. D., Prof., etc., parts 1 and 2 of 12. There will be 48 colored plates taken from life. E. B. Treat, 805 Broadway, N. Y., Pub. We have seen no colored plates representing skin disease that can compare with these in truthful outline and coloring, and with this completed work before you, the diagnosis of any cutaneous disease will be readily made out.

**PHARMACOPŒA HOMŒOPATHICA POLYGLOTTA**—English edition. Edited by Dr. Willmar Schwabe, Leipzig. Rendered into English by Lemuel Steffens, M. D., Philadelphia. Second edition revised and enlarged, pp. 374, 8vo. Leipzig: Dr. Willmar Schwabe; New York: Boericke & Tafel. This is the handsomest book yet from this great publishing house, and is printed in five different languages—viz., English, German, French, Italian, and Spanish. Will speak more of it anon.

**A GUIDE TO HOMŒOPATHIC PRACTICE.** Designed for the use of families and private individuals. By I. D. Johnson, M. D., author of "Johnson's Therapeutic Key." Published by Boericke & Tafel, New York and Philadelphia. We really do not see the need of another book for our laymen; but on looking this one carefully through, and observing how well it is printed and how tastily bound, we are inclined to think it will command a ready market wherever exposed for sale.

**HOMŒOPATHIC THERAPEUTICS.** Second edition revised and enlarged. By S. Lillenthal, M. D., N. Y. Boericke and Tafel, New York, publishers. This edition was rendered necessary by the late fire at Philadelphia, which destroyed so many of the valuable publications of Boericke and Tafel, and among which were all the unsold copies of this great work. The author has taken advantage of this fact, and in this new edition has corrected all the errors that had crept in to the first edition, and gives us the completest volume of Homœopathic Therapeutics in our literature.

**JOUSSET'S CLINICAL MEDICINE**—Lectures on clinical medicine, delivered in the Hospital St. Jacques of Paris, by M. le Dr. P. Jousset, Professor of Pathology and Clinical Medicine, etc., etc., translated with copious notes and additions, by R. Ludlam, M. D., pp. 510, 8vo.



S. C. Griggs & Co., Chicago, Ill. From the printer to be reviewed at another time. This is surely a valuable addition to our translated literature, and something every doctor needs, and ought to command a ready sale, not only on account of its distinguished author, but on account of its distinguished translator.

ANNUAL REPORT OF THE HOUSE OF SHELTER—ALBANY, N. Y. Weed, Parsons & Company, 1879. We have been much gratified in looking over this account of work done for the homeless and erring.

Among the many institutions of charity which grace the cities of our country, none so demonstrate the perseverance of the hopeful Christian, as those founded for the rescue and elevation of fallen women.

Few question the practicability of saving the children; but many shake their heads in doubt, when the reformation of girls, grown to womanhood in the ways of evil and the haunts of vice, is proposed.

The results of effort in behalf of this degraded class, shown in this report, are very encouraging.

We are especially gratified to find that our *confrere*, Dr. H. M. Paine, is the medical attendant for this House of Shelter. His medical notes are very clear and instructive for those interested in the sanitary care of such institutions.

And here we must remark the active benevolence of Dr. Paine in devotion of time and medical supplies, while receiving therefor only the gratitude of the sufferers and the thanks of the managers. It might not be amiss for some of the Doctor's medical brethren, in the State of New York, who indulge such harsh expressions toward him, to spend their energies in some like good work.

Their devotion to "high potencies" and clamor against "traitors," "Eclectics," etc., must make a poor showing in the scale against the eminent and appreciable good being thus yearly accomplished by him.

We hope to see more of our physicians interested in such works of charity; and that their combative energies may therein find abundant exercise against disease and misery.

BRIGHT'S DISEASE AND ICE-WATER.—A Baltimore druggist of experience and ample opportunity for observation, has advanced the idea that Bright's disease is attributable to the immoderate use of ice-water and cold drinks. He cites the fact that the people of this country use ninety per cent. more ice in their drinks than the people of any other country, Greenlanders not excepted. We have seventy-five per cent. more of Bright's disease. He cites the fact that the wine-drinking countries of Europe are comparatively free from the malady. Travelers have observed and commented upon the prejudice which seems to exist against ice-water and iced-drinks in all countries outside the United States. The Englishman and the German fairly shun ice, though placed in easy reach of boundless quantities of it, and the Frenchman who sips the light wines would as soon think of taking an emetic as of chilling his stomach with an ice-draught. Our drug friend points to the fact that Bright's disease has kept pace in this country with the increased consumption of ice, and claims that before ice became a common household necessity the malady was scarcely known among physicians. There may be something in this theory.—[*Baltimore Gazette*.



**Editor's Drawer.**

OUR unavoidable absence during the greater part of August and September, taking rest and recreation in the Northwest, is the cause of the non-appearance of the September REVIEW on time, and the issuing of the September and October numbers in one cover. Our friends have indorsed the plan, and so we send you something plump and good for the middle autumn days. Something on the Upper Mississippi as a sanitarium will appear at another time.

**MARRIED.**—On the 21st of August, in St. Louis, Dr. Philo G. Valentine and Miss Clara Virginia Hodge.

**DIED.**—On the 24th of September, Dr. C. J. Hempel, of Grand Rapids, Mich.

**DR. ST. CLAIR SMITH** will remove, on October 15th, from 10 East 36th Street to 11 East 38th Street, New York.

ON Wednesday evening, Oct. 1, 1879, Prof. T. P. Wilson delivered the opening lecture to the winter term on "Probabilities," at Pulte Medical College, Cincinnati.

**DR. J. T. BOYD** of Indianapolis has taken up his residence in St. Louis; office N. E. corner 7th and Olive Sts. He is most cordially welcome among us. He has consented to lecture once a week at the Homœopathic College on general Pathology.

**THE Homœopathic Medical College**, of Missouri, opened on October 8th, with the largest class (more than double) ever known in its history, and more students are constantly arriving. Our new amphitheatre is almost full.

IN July we received a package from Racine, Wis., of Horlick's Food, and very soon supplied several invalids and dyspeptics with small amounts to test its qualities. Up to this time all have spoken of it in great praise, and the demand is increasing.

A PETITION has been sent to the Governor of Kentucky, asking that he appoint a Homœopath on the State Board of Health, and on October 2d a strong editorial appeared in the Louisville "Courier-Journal," advocating such appointment as meeting the demands of liberality in medical opinion and practice.

HANNIBAL, Mo., Oct. 7, 1879.

**DEAR SIR:** In pursuance of a resolution adopted at the last meeting in St. Louis, Mo., the Executive Committee have arranged the next regular meeting of the Missouri Institute of Homœopathy to be held in Hannibal in June, 1880. Details as to day, etc., will be announced in due time.

**THE HOMŒOPATHIC MEDICAL SOCIETY OF THE WABASH VALLEY;**—Will hold its Semi-Annual Meeting in Paris, Illinois, Wednesday, Nov. 5th, 1879. Officers: H. I. Obetz, M. D., President, Paris, Ill.; W. R. Elder, M. D., vice-President, Terre Haute, Ind.; W. T. Branstrup, M. D., Treasurer, Vincennes, Ind.; P. B. Hoyt, M. D., Secretary, Paris, Ill. Censors: Geo. B. Sarchet, M. D., Charleston, Ill.; G. W. Higby, M. D., Sullivan, Ind.; Alexander Pollock, M. D., Danville, Ill.

NEW ORLEANS, LA., Sept. 5, 1879.—*Dear Sir:* There is an opening in this city for a good German Homœopathic physician. Population estimated at 200,000, of which from 25,000 to 30,000 are Germans. There are altogether ten practicing Homœopathic physicians here, none of whom speak German. An energetic person speaking also English and French would soon be able to establish a paying practice.

Very respectfully, yours,

BOERICKE & TAFEL.

CAMDEN, N. J. Aug. 14th, 1879.—*DEAR SIR:* Homœopathy is triumphing in this section in the appointment of Dr. S. H. Quint as Superintendent of the new insane asylum of Camden Co., at Blackwoodtown, which is now in successful operation with about seventy inmates. This appointment was secured through the influence of the Hom. Med. Society of Camden, N. J., assisted by several prominent members of the Board of Freeholders, who were strong Homœopaths.

J. K. BRYANT, Pres't.

ANNA E. GRIFFITH, Secy.

BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS, IN THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Special subject to be reported on and discussed at the meeting in Milwaukee, June, 1880. The limits of drug attenuation and of medicinal power, in Homœopathic Posology. I. The proofs of drug presence and power in attenuations above the sixth decimal. 1. As furnished by the tests of Chemistry, W. L. Breyfogel, M. D. 2. As furnished by the Spectroscope and Microscope, C. Wesselhoeft and J. Edwards Smith, M. Ds. 3. As furnished by the tests of Physiology, T. F. Allen and Lewis Sherman, M. Ds. 4. As furnished by analogy from the field of impalpable morbid agencies. II. The proofs of medicinal presence and efficacy in attenuation above the sixth decimal. 1. As furnished by the tests of Clinical Experience, in the use of attenuations, ranging from the sixth to the fifteenth decimal, J. F. Cooper, M. D. 2. As furnished by Clinical Experience, in the use of attenuations above the thirteenth decimal, C. H. Lawton and H. M. Paine, M. Ds.

At the last meeting of the Institute this Bureau reported upon the "History, Methods and Means of Drug Attenuation," in an exhaustive manner. The reports of the current year, passing from the domain of Pharmacy somewhat into that of Posology, will complete a work of vast importance for Homœopathy. The Bureau will be pleased to receive items of information and experimental aid from members of the profession, and, also, from scientific persons outside, who may be interested in any division of our subject.

NASHVILLE, TENN.

J. P. DAKE, Chairman.

*DEAR SIR:*—In the August number of the CLINICAL REVIEW, Prof. Jno. C. Sanders, President of the Inter-Collegiate Conference of the Homœopathic colleges of the United States, corrected some statements made in my Lake George letter in regard to the meeting of the Conference at that place. I am under many obligations to the Doctor for his statement of the facts. For some reasons best known to those who were in the "ring," several members of the Conference told me substantially what I reported in my letter. I am glad if the

Inter-Collegiate Conference is *not defunct*. There is abundant work for the Conference and no medical college in this country should be recognized by the profession, unless that college shall respond to the demand of the times to raise the standard of medical education. The colleges are the doorkeepers to the profession, and when they refuse to enter into compact to shut out incompetent applicants for admission, then the dignity of the profession is seriously injured, and no one can estimate the damage done to the cause. I am glad that the faculties of our colleges are wide awake, and work hard to secure success for their institutions, but I regret that in their anxiety to obtain large classes, they admit students of inferior ability. The rivalry between the colleges has taken the wrong direction. What the profession wants to-day, is not only first class teaching, but a great deal more care in granting diplomas. The degree of M. D. should mean more than that the possessor has attended one or two courses of lectures and paid twenty-five or thirty dollars for graduation. There is not a college professor of any experience who does not know too well, that so-called "final examinations" are very often a sham, and that incompetent, and even ignorant men by the use of money and other illegitimate means, seduce medical faculties, and go forth into the world licensed to practice quackery. When a college grants a diploma to a man without qualification simply because he "shells out" money enough to enable the faculty to offer prizes for the two or three following courses; or degrees a man to get rid of his ceaseless importunity; or sells him a parchment outright upon simple application by letter, then there is crying need of combined effort to "put up the bars" and force a suspension of all such nefarious graduations. It is well known to the profession that some of our colleges are doing bad work. Being in need of money they do not hesitate to lower the standard and graduate students and quasi-practitioners of a low grade, to relieve the financial pressure and publish to the world that they had large classes and are in a flourishing condition!

It is plain to be seen that there is great need of an Inter-Collegiate Conference of the Homœopathic Colleges of the United States, or some other potent aggregation of force, to inaugurate, if possible, a better order of things.

Fraternally,

MOSES T. RUNNELS.

INDIANAPOLIS, IND., Sept. 10th, 1879.

---

T H E

## CHICAGO HOMŒOPATHIC COLLEGE.

---

The Fourth Regular Session will be opened September 30th, 1879, and continue twenty-six weeks. The College building has been enlarged, refitted, and all teaching facilities largely increased. Students can attend the Regular two-years' graded course, or, on election, three-years' graded course. Thorough instruction, Clinical and Didactic, by a large corps of experienced teachers, can be obtained here.

For further information or Catalogues, address,

J. S. MITCHELL, M. D., President.

889 Mich. Ave., CHICAGO.

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II. ST. LOUIS, MO., NOVEMBER 15, 1879. NUMBER 9

---

## *EXTRACTS FROM THE PROCEEDINGS OF THE ST. LOUIS HOMŒOPATHIC MEDICAL SOCIETY.*

---

*April 14th, 1879.*

---

DR. UHLEMAYER read an essay upon zincum metallicum, giving accurate indications for its use. He gave a few symptoms of the sulphide, and compared the metallic with bell. in hydrocephaloid.

After the essay, discussion ensued as follows :

DR. COLLISSON—I would like to ask Dr. Uhlemeyer if he gave the indications for zincum metallicum or zincum sulphuricum. He mentioned the names of both and I didn't quite understand which was the subject of his essay.

DR. UHLEMAYER—Zincum metallicum.

DR. COLLISSON—I thought I recognized a number of symptoms for which I had used the metallic with benefit.

DR. WALKER—Did the essayist say zinc was adapted to hydrocephalus?

DR. UHLEMAYER—No ; hydrocephaloid.

DR. WALKER—In my experience I have found zinc adapted to anæmic conditions of the brain, such as occur after cholera infantum, while bell. is indicated in an exactly opposite condition—when we have congestion. Zinc is applicable to hydrocephaloid rather than to hydrocephalus.

DR. CAMPBELL—The phosphide of zinc I have used with great benefit in nervous affections of the eyes. Amaurosis, as the term is generally applied, means nothing; it is used when the patient sees nothing, nor the physician either. In beginning atrophy of the optic nerve, phosphide of zinc is, in my opinion, the most important remedy. There is this thing, however, about this remedy: it is one of those unstable compounds from which the elements are very easily set free. Now, I have wondered if this separation doesn't take place by trituration, so that in our preparations of phosphide of zinc we have free phosphorus and zinc. I would like to know what other members think about it. For my own use, I have had the 12<sup>x</sup> trituration made, the 2d or 3d causing in my hands eructations and other disagreeable symptoms.

DR. VALENTINE—Does trituration overcome chemical affinity?

DR. CAMPBELL—I learned, long ago, when I studied chemistry, that trituration was one of the agents which might overcome chemical affinity. In some compounds the union is so weak that a slight cause may suffice to destroy it.

DR. SPALDING—If that is the case with this remedy, was there ever any other than a mechanical mixture of its two ingredients?

DR. WALKER—Can Dr. Campbell give an instance where it has been demonstrated that this, or any similar compound, has been decomposed by trituration?

DR. CAMPBELL—I cannot do it, though I am sure that this is mentioned among the compounds whose elements have for each other feeble chemical affinity. We can often remember a general fact, though we cannot recall its details.

DR. WALKER—I know chemical affinity is weak in many instances, though I cannot recall an instance where any such substance as we are speaking of has been decomposed by trituration. Those substances which contain nitrogen are especially liable to decomposition; for instance, nitro-glycerine. Nitrogen unites with other ele-

ments so slightly that it doesn't require much to set it free.

DR. CAMPBELL—Trituration is certainly stated by chemical authorities as being a means of overcoming weak chemical affinities. The process tends not only to mechanically separate the atoms of a drug, but it also develops heat and electricity which may assist the separation.

DR. EVERETT—Has the President, Dr. Campbell, ever seen any authority stating that trituration would decompose phosphide of zinc?

DR. CAMPBELL—I have not. I have not said it was decomposed by trituration. I simply said I had thought it might be, and asked the opinion of other members of the Society.

DR. EDMONDS—I don't believe trituration will break down any chemical compound, though I do believe that new chemical affinities and compounds may be formed during the process. We know phosphorus is very apt to combine with oxygen, forming phosphoric acid. It might do so from the heat and friction of trituration, and we should have, in this instance, at the end of the process, not phosphide of zinc, but phosphate of zinc. Some volatile substances escape during the exposure necessary for trituration. I believe some remedies cannot be properly prepared by trituration.

DR. VALENTINE—Did Dr. Walker say that the nitrogen was set free in the explosion of nitroglycerine?

DR. WALKER—I did not say so. I said substances containing nitrogen were easily decomposed. I have no doubt but that weak affinity of nitrogen has considerable to do with the explosiveness of nitroglycerine.

DR. VALENTINE—I think Dr. Edmunds made a mistake in supposing new chemical affinities developed by trituration. The idea, that trituration may overcome chemical affinities, is new to me. If it is the case, it explodes the idea that there is advantage in attenuation.

DR. CAMPBELL—'Tis true, new compounds may be formed by trituration, but old ones must be broken up before they can be formed. In this instance, if phosphorus

takes up oxygen to form phosphoric acid, the zinc must also combine with oxygen to form a base before we can have the formation of phosphate of zinc. To unite with oxygen, the phosphorus and zinc must separate.

DR. EDMONDS—I admit I made an error when I said new chemical affinities might be formed by trituration. I should have said chemical activities, instead of affinities: that new chemical affinities are developed, I do believe. I have observed that calomel, after trituration, has more the properties of corrosive sublimate than of calomel. I think dilution is a better mode of preparing some remedies than trituration.

DR. WALKER—Can two metals unite without the presence of a third substance?

DR. CAMPBELL—Phosphorus isn't a metal.

DR. SPALDING—Two metals don't unite chemically at all. We have amalgams and alloys. True alloys are those in which the component metals are mixed, in proportion to their chemical equivalents. Mixtures of metals in other proportions are not true alloys.

DR. WALKER—I ask again, what third substance is present when two metals unite? I don't think it makes any difference whether drugs are decomposed by trituration or not. Our knowledge of their effects is derived from the use of the triturations, and, practically, it matters little whether the drug is chemically what we suppose it to be or not, so long as we know its effects.

DR. EVERETT—I rise to a point of order. The President says he has a preparation of the phosphide of zinc, in which the phosphorus and zinc have been separated by trituration. He has used this preparation with benefit, but didn't know whether the benefit came from the phosphorus or the zinc, or the phosphate of zinc. Now, can he give any proof as to what the drug is? Phosphate of zinc is much different from the phosphide of zinc.

DR. CAMPBELL—I didn't say positively that the phosphorus and zinc were separated. Throughout this argument, I have been on the defensive.

DR. EVERETT—I beg your pardon, then.



DR. EDMONDS—I think this is a subject of importance, though it is wide from the essay. If Dr. Walker would triturate nitroglycerine, he might be convinced that trituration would overcome chemical affinity. I repeat, I believe some remedies cannot be prepared by trituration without a change in their constitution. It is a matter of great practical importance that we should know this, that our drugs should be prepared in the best manner. Calomel, iodide of potassium, iodine, preparations of ammonia, etc., cannot be properly prepared by trituration.

DR. VALENTINE—The essay was upon a dry subject; to get up a talk we must wander from it somewhat. I think Dr. Edmonds made a mistake if he supposed he had made corrosive sublimate from calomel, by trituration, anywhere in this locality. Chlorine must be added to calomel to make corrosive sublimate, and that could not be absorbed from the atmosphere, unless at the seashore, or some other place where salt or other substances containing chlorine are more abundant than they are here.

DR. WALKER—It is a matter of experience with Homœopathic remedies. What we know of the remedies we have learned from the use of the usual preparations. It makes no difference whether we understand the chemistry of the preparations or not, so far as practical results are concerned. Take lachesis: alcohol is said to be an antidote to the poison, yet it produces its effects when prepared in alcohol. If alcohol destroyed the activity of the poison, I think there is enough of it in the 3<sup>x</sup> dilution to destroy it as completely as could be done by any amount added to make higher dilutions. So with phosphide of zinc; it doesn't matter whether it is phosphide of zinc or something else, though it might, perhaps, be of importance to know if there was a difference between the 1<sup>x</sup> and 12<sup>x</sup>, or higher attenuations, in chemical constitution and therapeutic effects—whether the trituration between the 1<sup>x</sup> and 12<sup>x</sup> changed the substance so as to make the latter a different remedy from



the former. In regard to trituration, I have great faith in its efficacy. It develops a dynamic power which the drugs do not have before. If the ingredients of Dover's powder are mixed and triturated, the powder will have properties considerably different from those of the prepared powder. Charcoal is dynamized by trituration, and the higher the attenuation, the quicker do remedies act. I believe with Hahnemann, that drugs have a spirit or soul which is set free by attenuation.

DR. VALENTINE—I think Dr. Walker has the right idea, that it doesn't matter whether the preparation we call phosphide of zinc is phosphide of zinc or not, if it produces certain effects, and we know what they are.

DR. SPALDING—I used to think as Dr. Walker does, that drugs have some mysterious dynamic force which was liberated by attenuation, but my views have changed. I believe the object of attenuation is to simply divide the particles of the drug. Division doesn't destroy chemical compounds. A piece of sugar may be divided indefinitely and the pieces will be sugar still. I think the difference in the size of the particles of the drug constitutes the great difference between high and low attenuations. Blood-globules pass out of the vessels and back in again, —how, we cannot tell. Water doesn't flow in vessels, but passes right through the tissues, and I believe that the particles of drugs, when made small enough, do the same. I don't believe there is anything spiritual about it.

DR. PARSONS—Is the so-called dynamic force mechanical?

DR. SPALDING—Drugs are forces. If brought in contact with the nerve-force, we get their effects. The difference between the effects of high and low attenuations comes from the fact that the smaller particles of the drug in the high attenuation, are brought more readily in contact with the nerve-substance, and so affect the nerve, force. I don't believe there is any new power added to drugs by attenuation; we simply get them into a condition in which they can act upon the system more advantageously.

**DR. WALKER**—I would like to ask Dr. Spalding a question. If we take two specimens of potash, one made from granite rock, and the other made from plants, and purify them both until the chemist and microscopist say they are absolutely pure; then, if the two specimens are sprinkled upon similar plants, that upon which the potash from the rock was put will wither, and perhaps die, while that upon which the other specimen was sprinkled will thrive more vigorously. What was there in one specimen that wasn't in the other? Phosphate of lime and sulphuret of antimony, I think it was, constituted what was called James' powder, a very efficient remedy in bilious disorders, used in England and India. The British Government contracted for a supply of this powder with an individual who offered to furnish it much cheaper than any one else. They used his powder, but it didn't produce the effect they were accustomed to see from James' powder, and the government sued him for not properly filling his contract. He showed that his powder met the chemical requirements, but it was revealed that he had used in making it mineral phosphate of lime from Spain, while James had made his from vines collected near London. The consequence of the affair was, James' Powder fell into disrepute and has never been used much since. Now, I ask Dr. Spalding in what did one kind of phosphate of lime differ from the other?

I believe mineral substances must be gradually refined and vitalized until they are sufficiently exalted to enter into the formation of the human system.

**DR. EDMONDS**—I agree with Dr. Spalding in his views of attenuation. It seems to me that that is the position we must all reach sooner or later. I don't see how Dr. Walker's remarks are antagonistic to those of Dr. Spalding. They merely show that the organizing process has something to do with fitting mineral substances for the use of the human body.

**DR. WALKER**—I believe there is something in matter which is developed by attenuation, and which I call, for want of a better name, soul or spirit.

DR. EVERETT—Mineral substances from organized bodies are more finely divided or attenuated.

DR. SPALDING—Minerals have chemical forces; plants have added an organizing force, and animal bodies have still another force, but none of these forces is spiritual; they are all physical.

I even believe, as some of you may know, that the nerve-force is a physical one. Physical and spiritual forces, though they may be parallel, yet are entirely separate.

DR. HARRIS—I have been much interested in this discussion, and I think points of considerable importance have been touched on. Grauvogl made an experiment with charcoal which led him to believe that when attenuated, it was absorbed into the blood, the 6<sup>x</sup> trituration produced collapse and the other symptoms resulting from carbon in the blood, which symptoms he antidoted, I believe, with some native wines.

Lachesis is not at first soluble in alcohol. It is attenuated in glycerine to such a height that the particles become capable of suspension in alcohol. I think it possible that the heat and friction resulting from the succussion employed in making dilutions might be sufficient to overcome weak chemical affinities.

DR. CAMPBELL—I have said too much already, but it is the duty of the President to sum up the argument.

Concerning many of these questions there is no proof; the best authority we can have is merely individual opinion. I have killed cats instantly by placing a drop of Hydrocyanic acid on their tongues. Because remedies act on certain parts or organs of the body, it is no sign they go there. We talk about physical and spiritual forces; we never can tell the nature of forces.

In regard to the greater penetration of high potencies, we don't know but low dilutions may be just as penetrating as high. Concerning chemical affinity, Potassium thrown on water decomposes it and unites with its oxygen so rapidly as to inflame. If such a cause suffices to de-

stroy old chemical compounds and make new ones, it seems to me that trituration may. Discussion closed.

DR. PARSONS—I have here a specimen taken from a woman some of you may have seen at the Dispensary. She afterwards went to the Good Samaritan Hospital, where I removed what you see. She had an ulcer on the shin, and had had excruciating bone pains (syphilitic) for ten years. The tibia and fibula, which I show you, are enlarged, and the former, in its longitudinal section, displays what may explain the bone pains. In the central portion of the shaft, the medullary canal has become converted into cancellous tissue, and here, toward the anterior part of the section is an alternation of compact and spongy bone.

W. B. MORGAN, M. D., *Reporter.*

---

*June 23, 1879.*

---

Dr. Campbell, essayist for the evening, had no paper prepared, but delivered a lecture on Marginal Blepharitis. He explained the anatomy of the lids, illustrating it by drawings, and distinguished marginal from other forms of blepharitis. He remarked that the disease might be primary or secondary, following almost any other disease of the eye. The disease is very common, and is attended by heat, redness, sticking together, and itching of the lids.

In health, the cilia are continually falling out and growing in, living about 100 days. The disease may result from disease of these hairs, or from styes, or from contraction of cicatrices in the conjunctiva, or hypermetropia may cause it through the straining of the eyes in that condition. When resulting from this latter cause, the use of properly selected glasses is the only cure. Pediculi, that sometimes get in the lashes, may produce an effect simulating this disease. It is a very common disease, and many of the cases get well, and may in a few days, but, if it lasts long, the discharge becomes more copious, and the edges of the lids become thick-

ened, turning the lashes, perhaps themselves diseased and crooked, outward or inward, producing the forms known as trichiasis, distichiasis, ectropion and, entropion. If the lashes touch the eyeball, the irritation may cause corneal opacity, and even blindness. The openings of the Meibomian glands may become plugged up, so that the retrained secretions may cause little tumors in the lids, that may appear on the outer surface, but are to be found generally by everting the lids.

The lachrymal puncta may become separated from the eyeball and consequently fail to take up the tears, causing them to overflow on the cheeks. The disease is more hopeful if it is primary than if secondary. It is a sequel to many eruptive diseases, such as measles, whooping cough, scarlet fever, etc.

He described the disease more in detail and then referred to the treatment. He thought if it was remembered that the lid is a part of the skin and that its diseases are skin diseases, it would be easier to select successful modes and means of treatment. Physicians will never succeed in this disease if they depend on internal remedies alone.

If the secretions are retained by plugged up ducts, this mechanical impediment must be removed, for the purpose of softening up and releasing the secretions. Various ingredients have been used by old-school doctors. The mercurial and nitrate of silver are favorites, used as well for their medicinal as for their softening qualities. He had used these, but had found something better, which he had used almost exclusively for the last five years. It was cosmoline and borax, in the proportion of from 2 to 6 gr. of the latter to one oz. of the former. He desired pure cosmoline, and not the carbolized which the druggists supply, and which, if it gets into the eye, as it very often will, causes a great deal of irritation. This preparation he used for every disease of the eyes where there was sticking together of the lids, having it applied with the finger generally at night only. Stunted turned in hairs should be pulled out. In badly excoria-

ted lids he might possibly use a weak solution of nitrate of silver.

Although he always used internal remedies, yet he thought the list of useful ones was not long.

He used apis for swelling with stinging pain in upper lids; arg. nit. if the caruncles were affected and the symptoms were ameliorated by cold wind; arsenic, if the secretions were acrid; calcaria, if there were itching and induration of the lids; hepar he considered a valuable remedy if there were little pimples around the eyes and on the checks; merc. corr. if there were severe pains around the eyes, and pulsatilla if the disease was complicated with styes. No one line of treatment could be pursued in all cases.

DR. VALENTINE—Would you give internal remedies too?

DR. CAMPBELL—Yes, I said I did so; but if I were to be confined to the use of either, the cosmoline and borax or internal remedies, I should take the cosmoline and borax.

DR. COMSTOCK—Does malaria have anything to do with this disease?

DR. CAMPBELL—If it affects the mucous surfaces, it may, but does not often.

DR. HARRIS—Does syphilis ever cause it?

DR. CAMPBELL—Primary syphilis does not; secondary may cause it as a skin disease, but does not often do so. At the present time, I know a lady in this city who has blepharitis—not marginal—caused by syphilis, without much doubt.

DR. COMSTOCK—Is the disease strumous?

DR. CAMPBELL—Yes.

DR. FROHNE—I have successfully treated cases of this disease with mercurius oxydum rubrum, internally and externally, in the form of an ointment.

DR. CAMPBELL—The cosmoline preparation is better.

DR. COMSTOCK—Do you extract the hair when turned in on the eyeball?

DR. CAMPBELL—Yes, I mentioned that, and the fact that they are reproduced about every 100 days.

DR. HARRIS—After the hairs have been pulled out, do they grow in right, or do they improve in their position only as the disease improves?

DR. CAMPBELL—In chronic cases they may be reproduced, and require to be pulled out several times.

DR. HARRIS—I asked that question, because in two cases I have seen where there were what are called wild hairs, hairs turning in, but not touching the ball. I have advised to let them remain, because when they had been pulled out they grew in turned in more than they were before. I would like to ask the doctor whether he has used sulphate of zinc or not?

DR. CAMPBELL—Yes, it is sometimes used where there are rawness and excoriation. But it is an astringent, while we need something softening in most of these cases.

DR. KERSHAW—Dr. Comstock asked if malaria had any thing to do with this disease. I do not know, but I had a case a year or two ago, in which there had been other malarial symptoms, and in which there was finally developed a severe catarrhal ophthalmia, with a violent aggravation every afternoon. Dr. Campbell was absent, and I one night hunted all around to find an oculist, but could not do it. I was afraid I might be mistaken in my diagnosis, and that the patient would lose her eyes. I finally gave big doses of Quinine and she got entirely well. I never saw another case of the kind.

Dr. Campbell omitted to mention one remedy in very common use, and that is Hydrastis tincture. I have seen some cases get well very rapidly from its use. Argentum Nitricum, externally, is certainly good. He spoke of cleansing the lids, but did not say how. Drop tubes are very handy for washing out the eyes, and possess the advantage that patients can use them themselves.

DR. CAMPBELL—A person might use a drop tube six weeks without softening the secretions. Hydrastis, or a solution of hydrastis and alum I use frequently. Malarial

diseases of the eyes have been recognized and cases have been reported. I have had more than one case myself, and I recall a number treated by oculists, and cured with antiperiodics.

I always caution against rubbing the eyes. The unguent makes it much easier to wash them. For this purpose I sometimes direct hydrastis 10 drops to 2 oz. water.

DB. FROHNE—Staphisagria and graphites are good remedies.

DR. CAMPBELL—When there are fissures behind the ears, etc.

DR. KERSHAW—I did not mean to say that everything could be done with a medicine dropper, but it is very convenient and patients may do much harm with sticks, brushes, etc. Dr. Campbell says cases will get well with external treatment. Old school physicians and those too, who are well posted, treat these cases externally and often operate on them, but there a great many cases they do not cure. Some of these patients, after prolonged treatment by eminent Allopathic oculists accidentally run across some humble Homœopathic doctor, unknown, perhaps, and give him a dollar or two, and he promptly cures them with the Homœopathic remedy. There are many cases in which sulphur, hepar., silicea, etc., at once remove the whole trouble from the bottom.

DR. CAMPBELL—I would like to say that I always used internal remedies.

W. B. MORGAN, M. D., *Reporter.*

---

*July 14, 1879.*

---

DR. MORGAN—Essayist, read a paper on Bilious Fever. He described the disease as it had appeared in his experience, and gave the treatment that had proved most successful in his hands. The most essential remedy was some preparation of cinchona. The paper was discussed as follows :

DR. VALENTINE—My treatment of this disease is somewhat like that of the essayist ; but is modified to some ex-



tent. Years ago I used aconite, but was disappointed in the remedy. My treatment now is gelseminum, about 10 drops in half glass of water, given according to circumstances. After the fever has been checked by the gelseminum, I sometimes give cinchonidia or quinidia to prevent its recurrence. I never use purgatives. I do not want to do it. I have never found a fever that gelseminum would not relieve. I think Homœopathic doctors do not have so severe cases of this disease, because they meet the enemy early. It is *veni, vidi, vici*.

DR. CUMMINGS—It is a mistake to say that old school physicians let their cases run along until they become very serious. By employing the treatment mentioned by Dr. Morgan they entirely stop these fevers in 48 hours.

Ipecac ought to be good remedy for the nausea attending these cases. I think the gelseminum must be given in doses of at least 5 drops of the tincture to produce benefit in this disease. Some years ago I knew a young doctor in Louisiana, who gave it in teaspoonful doses. It made the patients blind, and acquired the name of "Hunt's Blind Drops," but it cured the cases without exception.

I do not think there is any relation between this disease and yellow fever, though Watson says so, and he has written the best description of malarial fevers that we have. He cites an instance in India where soldiers encamped on the top of a high hill had intermittent fever, while those located about midway up the hill, had bilious fever, and those at the bottom had genuine black vomit.

I think that the fact that patients generally have yellow fever but once, while one attack of Bilious fever predisposes to another, shows that they are distinct.

DR. MORGAN—I have used gelseminum to my satisfaction, or rather to my dissatisfaction, and I have come to the conclusion, that it cannot be depended on to stop these fevers. I have not used it in teaspoonful doses, but I have in doses of 5 to 10 drops. Other remedies may benefit special symptoms, but for the bodily removal of the disease, cinchonidia or some other pre-

paration of cinchona is the only remedy that has given any satisfaction to me or my patients.

I presume that in the northern part of the city, where a large number of men work in rolling mills, lumber yards, glass works and stock yards, and where many residences are down on the flat by the river, the cases of this disease are more frequent and more severe than in the central and western parts of the city.

In regard to the ipecac, the omission of it from my paper was an oversight. It is certainly a valuable remedy.

I did not say that I thought bilious fever and yellow fever differed only in degree. I said that when yellow fever prevailed, bilious fever verged into it and seemed to be the nearest relative to it that we have. If reports are to be believed, there are, when yellow fever prevails, many cases of fever, concerning which the best diagnosticians are unable to decide whether they are of the yellow or bilious order.

I have to repeat that I shall be much obliged to any one who will indicate to me a more agreeable mode of treatment for this disease, which I have not tried and found unavailing.

DR. KERSHAW—I would like to know where cinchonidia is found—in Lippe, or where?

DR. MORGAN—I found it in a drugstore—a Homœopathic drugstore.

DR. EDMONDS—I consider gelseminum an indispensable remedy in the treatment of this disease. For this sort of fevers it is infinitely better than aconite. I used it successfully in the case of a child last week. Quinine had been used, but there were a red tongue and other symptoms, which I think contra-indicate quinine, and it failed. I gave the gels. in 5-drop doses at first, afterwards in 3-drop doses. I finished the treatment with eupatorium, which is an old-fashioned, but admirable remedy, especially, if there are pulmonary or gastric disturbances. Like some other remedies, it is better unattenuated. I do not attempt to disguise the fact that I

regard the bark, in some of its preparations, the sheet-anchor in the treatment of this disease. One grain of quinine I consider just as Homœopathic to these cases as the 6<sup>x</sup> attenuation of mercurius for dysentery. Attenuated remedies are not just the thing in these fevers, a fact which I believe is conceded by high attenuationists. Gels., tart. em., ipecac and muriate of ammonia are valuable remedies; the last is especially good for children in which the different stages are not well marked. The stages must be well marked for quinine. Discussion on the paper closed.

DR. PARSONS then presented the hand of a man who had had it crushed in a door. The latch had made a wound in the back of the hand which had become gangrenous. When presented at the Dispensary the gangrenous spot was about the size of a silver dollar, the hand was badly swollen, the pulse was 138, the temperature 102 3-4, the man was restless at night, antiseptic dressings were applied and arsenic given, but without avail. The whole of the back of the hand became gangrenous and the joints of the fingers became loose.

The hand was amputated about two weeks ago. Large flaps were made, but the vitality was so low that they became gangrenous. Carbolic acid lotion was applied at first, but afterwards carbolized poultices. After these had been used two days the line of demarkation formed and the stump is now doing very well, though the man is so poor that he does not have proper nourishment or care.

He presented another specimen, a shell of bone, taken from the upper part of the humerus of a boy 17 years old. He had received a blow on the arm about a month before he noticed the tumor making its appearance. The swelling was hard at its base, but soft at the top. There was no pain nor discoloration. After coming to the doctor once he staid away three weeks, when on coming back the tumor was as large as an orange. Operation performed 5th of July. Cutting down he found the tumor attached to the bone very firmly. It presented no

crackling, but when cut into it was found to contain blood, which had undoubtedly caused an absorption of the humerus and the formation of quite a cavity. It was a question whether it was a sanguineous cyst or a medullary cancer. The first impulse was to resect, but finally determined to remove the outer wall of the cavity, apply carbolized dressings and endeavor to fill up the cavity with granulations. He had not removed the dressing since first applying, so he could not report the success of the undertaking. He inclined to the belief that it was a sanguineous cyst.

W. B. MORGAN, M., D. *Reporter.*

---

*August 11, 1879.*

---

Dr. Terry read a paper on abortion and its treatment, which was discussed as follows:

DR. SANBORN—I had a case at the fourth month, in which the placenta was retained for some time, and caused considerable trouble and anxiety.

DR. BAHRENBURG—I would like to ask of the essayist his mode of preventing abortion when threatened.

DR. TERRY—Rest in a horizontal position, with injections of starch and laudanum.

DR. BAHRENBURG—Cases of abortion we all meet with. About five months ago I had a case at the seventh month, *i. e.*, all the signs of threatened abortion were present, pains and hemorrhage. I employed rest with the hips elevated, and gave apis internally. The abortion was averted. Sometimes I have used morphine or opium. The most troublesome matter there is about cases of abortion, after the expulsion of the embryo is inevitable, is the placenta. About two years ago I was called to a case which had been treated by Dr. Hodgen, and a number of other eminent practitioners. The woman had been much abused and was most dead. She was in a cold, collapsed condition, but they had ice on her, nevertheless. I threw away the ice and had warm applications put on, giving arsenic and veratrum internally.

Next day she had regained her warmth, and I gave *veratrum vir.* and *gelseminum*. The placenta came away all right. In my practice, *veratrum vir.* and *gelseminum* have seemed to be more effective in securing the expulsion of the placenta than *secale*.

DR. UHLEMEYER—I will relate a case where abortion was threatened at the second month. I am very certain that it had been purposely induced, though I do not know by what means. There were hemorrhage and labor pains; the pains were so violent that I even gave chloroform to mitigate them, but still they came every five minutes. She became feeble and cold, and I was getting discouraged. While I was trying to think of a remedy, I happened to think that a remedy for dysmenorrhœa ought to be good for abortion. So I gave *viburnum prunifolium*, not knowing then much about its value in threatened abortion. In two hours the woman was entirely relieved of pain, and she made a good recovery. I used *hamamelis* for a venous hemorrhage that continued for five or six days.

In another case occurring at the third month, the embryo was expelled, but the placenta was retained. I could not get it away either with remedies or the forceps, and it caused me considerable trouble.

For threatened abortion *caulophyllum* is good if there is laxity of the parts; *Sabina* if occurring at the third month; but *viburnum* I consider nearly a specific, though I do not know any particular indications for it.

DR. EDMUNDS—I have had considerable experience with these cases. In their management it is a matter of large interest and considerable importance, to determine the feasibility of preventing the expulsion of the embryo. It is difficult to tell just when this accident becomes inevitable.

When I go to a case and find pains followed by spurting out of blood, indicating separation of the placenta, I give an anodyne for the pains and *ippecac* for the hemorrhage. These two leading symptoms seem to promote each other, *i. e.*, the pains promote the hemorrhage and the hemorrhage promotes the pains. So I direct a remedy to each of

them. I give morphine in about 1-10 grain doses, in alternation with tincture of ipecac. Perhaps this treatment is not scientific, but it is very successful. The morphine allays the uterine activity and the results are satisfactory.

If I go to a case and find the blood dripping away without so much pain, I give sabina or hamamelis.

I do not see the use of starch and laudanum injections. Injected into the vagina, they would be very soon expelled, and simply wasted. If injected into the rectum, where they could be retained, the laudanum might do some good. In regard to retention of the placenta, it is difficult to give specific directions. I think we are apt to make ourselves over-officious concerning it. It is generally better to let it alone. I once assisted an old practitioner in endeavoring to get a placenta. We finally concluded to let it alone. The woman got well.

It is easy to give directions in books how to remove the placenta, but it is not so easy in practice. Unless the pregnancy is far advanced, say the 6th or 7th month, and the placenta is well developed when the abortion occurs, it is better to let it alone. Too much tinkering is injurious.

Another question of importance, in the first months of pregnancy, is whether, in any given case, the embryo has been expelled or not. A blood clot may very readily be mistaken for it, and the pains continue after it has been expelled. So we must often remain in doubt. Sometimes it is detached and retained. If there is no apparent trouble, these cases should be let alone.

If, after the embryo has been expelled, pains continue, I give the wine of ergot, or the Fl. Ex., in teaspoonful doses to promote the contractions and give tonicity to the womb.

DR. TERRY—The first case of abortion I ever saw scared me pretty badly. The most peculiar case I have ever seen I saw first last February. I did not attend the patient when she miscarried, but saw her afterward. She had flooded until she was nearly dead, and was so emacia-

ted that Dr. Whitney, who went with me to see her, thought she would die in two days. I did not think so. I thought she had bronchitis instead of phthisis, as several of the best doctors had told her she had. I gave her aconite and arsenic. She began to improve and has continued to do so. She had lost the use of her arms and legs, but the muscles of her arms have developed and she can use them well. She has gained considerably in flesh. but her lower limbs remain paralyzed. She manages to get around with crutches.

I saw a young woman last August, who had induced abortion at about the second month by means of some instrument. She was flowing profusely. I introduced my finger and took away an embryo about 1-2 by 1 inch. I gave her arnica and in five days she got up well.

DR. PARSONS—There are many questions in my mind concerning this subject. One is of morals, another is how to treat cases of abortion, cases in which abortion does really take place, so as not to be blamed by the neighbors for producing it. The reference of the essayist to epidemics of abortion reminds me that I have seen abortions occur in this city much more frequently some years than others. In the treatment of threatened abortion, I think it is decidedly advantageous to keep the hips elevated.

Many cases of abortion are from constitutional causes, and many are accidental. I had a case of a young woman who was seized with a terrible dysuria the next morning after conception had taken place. This continued; she became so irritable that, in spite of all remedies, she aborted at the third month.

There are other cases in which it is necessary to abort from this very reason. There are other cases in which abortion occurs habitually at the same period of gestation. In these cases, I think there has been a deposit in the walls of the uterus, caused by some previous inflammation, which makes them unyielding beyond a certain extent. When the womb reaches this degree of develop-

ment it becomes like a tendon. The deposit may not be in the uterine walls.

Dr. Bahrenburg's speaking of apis reminds me of a case I once had in the third or fourth month of pregnancy. The woman had erysipelas. As it looked like an apis case, I gave it to her for two days. It affording no relief, I gave rhus. The next day she had labor pains. Until that time I did not know that she was pregnant. She aborted. The erysipelas remained in check until the abortion was over, when it returned and run its course. It has always been a question in my mind whether the remedies or the erysipelas caused the abortion. I am inclined to think the remedies did it.

Some three or four years ago, I was called in the middle of the night to see a case, caused by an instrument. It had been treated by a couple of Homœopathic doctors for a few days. When I saw the young lady, she had peritonitis, a small rapid pulse, and was in a dying condition. She died before morning. The next day, we held a *post mortem*. I took from the abdominal cavity an umbrella wire nine inches long. It had been forced through the posterior wall of the uterus, through the intestines, behind the liver and through the diaphragm into the pleural cavity. The patient must have known that it was there; the doctors did not. It is a marvel to me that she lived as long as she did.

There is another point in the after-treatment of cases of abortion where there has been much loss of blood. Heretofore, cold applications have been put to the head, and hot ones to the body. Now-a-days hot cloths are applied to the head, because the brain more than any other organ feels the loss of blood. Hot applications to the head not only improve the cerebral symptoms, but also divert the blood from the uterus.

W. B. MORGAN, M. D., *Reporter*.



*September 8, 1879.*

---

Dr. BAHRENBURG related the following case :

Mrs. S——, about fifty-four years of age, had been sick about eight years, being confined to her bed most of the time for the last two years. She had almost continual headache and vomiting of food : the stomach would not keep anything, not even a little gruel. She had no stool for weeks, and was very irritable and nervous. She had been attended by several prominent old school doctors, who called it sick headache and dyspepsia, and said nothing could be done for her. I suspected uterine trouble, made an examination, and found the uterus retroverted. There was so much inflammation that I could not replace the organ, so I ordered hot water injections, and gave Nux<sup>200</sup>, mornings, and Lilium tig. 6<sup>x</sup>, evenings. She improved rapidly ; can now do some light work, and can eat almost anything. I have used, also, Sepia<sup>200</sup> and sulphur<sup>200</sup>. From all appearances she will fully recover.

Dr. KERSHAW—This case is an interesting one. I believe that many of the symptoms in such cases are reflex. Several years ago I had a case of a young lady who was losing her mind. She had been badly frightened on one occasion. She was sleeping on a sofa placed in front of some closed folding doors, when they were suddenly opened. She ran out into the hall and swooned. She recovered, but at the same time next day she became very apprehensive, imagining she saw a negro's head in the doorway, though the doors were closed. Her hallucination grew on her from day to day. The negro seemed to approach her and point his finger at her. She began to see monkeys, etc., on the bed-posts.

My treatment seemed to benefit her a little at times, but not materially. She was constipated, and had a good deal of back-ache and piles, which led me to believe there might be some uterine trouble. I made an examination, and found the uterus retroverted and somewhat congested. I replaced it and applied a Hodge pessary, which happen-

ed to fit exactly. She also received Belladonna internally. She recovered quickly and entirely. The whole trouble, as I believe, came from the uterine displacement. I believe many other difficulties are reflex. I read lately of a man who, one afternoon, about 2 or 3 o'clock, was suddenly paralyzed in one arm and side of the face, including the tongue. His physician, on examination, concluded there was no brain trouble, but that there was some local cause. He ascertained that the patient had eaten a good dinner between 12 and 1 o'clock, and that he had taken some cold beer after it. He gave him an emetic and he was immediately restored. I think we should look for some such cause in most of these cases.

Women in whom neuralgia most frequently occurs, are those who stay in the house, breathe bad air and take no outside exercise, and as a consequence become anæmic. I presume this is the case with Dr. Bahrenburg's patient. Very likely her scalp is tender and it hurts her to comb her hair. Remedies often benefit these cases, but they do not get entirely well. Though they generally do not like them, fish, quails, beefsteak, toddies and exercise are what they need. Walking does them good, it makes the heart act and strengthens the circulation. For the sick headache, tenderness of the scalp and heat on the top of the head, frequently washing or shampooing is beneficial. The scalp is often sore because it is not clean.

DR. PARSONS—What do you consider the best remedy for the headache?

DR. KERSHAW—Sulphur for the heat and soreness. I have frequently given it in the clinic to anæmic patients with great benefit, though, in consequence of their poverty, they continued to be half starved. Sepia and silicea are good remedies. If there is sick headache from uterine difficulty, caulophyllum and viburnum are good remedies.

DR. PARSONS—In some cases we cannot find any cause.

DR. KERSHAW—We can look for it.

DR. CARRIER—In the case you have related, was the disease caused by the fright?

*The St. Louis Clinical Review*

KERSHAW—In Zeimssen the opinion is given that it is not caused by fright. Fright may be what brought the disease out—the exciting cause—but not the cause of the disease. I do not think the fright caused the displacement of the womb in the case I have mentioned, but it caused the appearance of the mental symptoms which were really dependent on the uterine trouble.

BAHRENBURG—I would like to ask advice in regard to the case I have on hand. A young man of 25 has been ill two weeks. No cause is known. One day, after, he started to go up stairs, when he staggered and he found the right side of his body, including the tongue, paralyzed. He had had the ague. I treated him for two weeks, using a battery, with the positive pole on the back of the neck, and the negative on the face, and have given lycopodium internally. I also used bell. and nux. He has improved some. He moves his hand and tongue. He complains of head-

ACHE.—I think I should have started with electricity.

PARSONS—What if the left side had been affected?

WHELFMEYER—Lachesis, arnica, rhus.

KERSHAW—It would be a great help if a cause could be found. It occurred after dinner and suddenly. Was the face paralyzed?

BAHRENBURG—Nothing but the tongue.

KERSHAW—Had he had syphilis?

BAHRENBURG—He denies it, but I think he has.

KERSHAW—The paralysis was probably caused by syphilis, or by hemorrhage. I do not think it was syphilis unless the heart is affected. In the case of syphilis, a clot of blood or other matter passes along the vessel until it reaches a point too small for its further passage, then the clot stops and shuts off the supply of blood to the part supplied by that vessel. From the history of the case, I think there was hemorrhage. If a thrombus was the cause, the paralysis would have been developed gradually. I think electricity was proper in the

case. The patient might have done better if the negative pole, galvanic current, had been applied to the head. That patient will get better any way. Internal remedies are not so important; the establishment of collateral circulation is the thing desired. He should have the best food and stimulants; the heart should be carefully examined. Clots may be thrown from this organ into the circulation. Paralysis may occur again.

If there is a large embolus it may end in softening of cerebral substance and death. The tone of the muscles should be kept up by massage and electricity.

DR. BAHRENBURG—I will act on the suggestions offered. I have another case to relate. I saw it first in the fore part of the summer. A strong man, a hard drinker, was insane. I found him lying on the sofa. He would permit no examination, so I had to prescribe on what his wife told me. His tongue was coated, and he was worse in hot weather. I gave Bry. <sup>30</sup>, without effect, then I gave five drops of the tincture two or three times a day. In a few days he went to work and has worked ever since. A week ago he had a relapse and the Bry. did no good. There was disturbance of the heart and fearfulness. I gave aconite and he returned to work.

DR. UHLEMEYER—I had a case of insanity in a boy of 14 years. He was well before, but became quiet and did not know what he was doing. He had no stool nor urine. I gave arg. nit. 3d and he improved for a week, when he relapsed. The arg. nit. no longer did good. I gave stramonium, hyoscyamus, etc., without effect. He finally got the chills and I could not stop them. I stopped giving medicine. His father came to see about getting him into an asylum. He told me the boy kept exposing his privates. I gave him hyoscyamus 200th for a week and afterwards the 1000th. He was entirely cured.

DR. BARHENBURG—Twenty years ago I cured a man with pulsatilla given because he was continually crying. He ran about the streets nights and was thoroughly insane.

DR. CARRIERE—I seldom give pulsatilla to men, but I would do so if they cried.

DR. PARSONS—What is the cause of infantile paralysis?

DR. KERSHAW—Spinal congestion is the probable cause. Dr. Radcliffe thinks so.

DR. PARSONS—How is it known?

DR. KERSHAW—By the symptoms. There is no post-mortem evidence. The symptoms are attributed to spinal congestion mainly by exclusion.

DR. PARSONS—How does it change from one limb to the other?

DR. KERSHAW—Probably by change of local pressure on the cord.

DR. PARSONS—I have a case of a child first affected 18 months ago. I was called to see it in the night. It had fever. Next morning its left limb was paralyzed. In two or three days its fever subsided, then its right limb was affected, afterwards its right upper limb. If it was from simple congestion of the cord or brain, it ought to have been relieved in eight months. There was no appearance of worms nor any other symptoms than I have mentioned. There was loss of motion; sensation was good. Now the patient is paralyzed in the left arm, with no other indications of spine or brain trouble. What is the matter?

DR. KERSHAW—From the symptoms given, it looks like spinal congestion. A more complete history would determine this.

DR. BAHRENBURG—Last spring I had a case of paralysis from spinal meningitis five or six years before. I used electricity with causticum internally, and the child was restored in two or three weeks.

DR. KERSHAW—Were there any head or ear troubles?

DR. BAHRENBURG—No.

DR. KERSHAW—We are apt to have in such cases. I had a bad case lately.

The child was taken suddenly, became opisthotonous and restless. There was no strabismus, and the child was conscious, but I thought it would die. I put 20 drops of

the tincture of veratrum vir. in 1-2 glass of water and gave a table-spoonful in an injection every half hour. In 1 1-2 hour the child was better, and it made a good recovery.

W. B. MORGAN, M. D., *Reporter.*

---

*September 22, 1879.*

---

DR. KERSHAW, essayist for the evening, delivered a lecture on the "Inflammation of the Inter-vertebral Substances."

He said, that the disease was not always attended by curvature. One of the first symptoms is colic, the irritation first showing itself at the periphery of the nerves. Another is the habit of walking slowly and carefully, for fear of stumbling and falling, which occurs frequently. If the child is struck on the heel or the top of the head with the hand at this stage of the disease, it will be seen that it causes pain. After a while there is a slow hectic fever, the child's appetite fails, and it becomes fretful. Not infrequently the fever seems malarial, and if fevers, apparently malarial, persist in patients liable to this disease, they should be closely watched. As the disease advances, night-sweats occur, an abscess forms frequently in the groin, or some other part remote from the seat of disease. The abscess may be mistaken for hernia, if it appears near Poupart's ligament, and spinal symptoms are not prominent. The abscess may burst into the pleural cavity.

Another premonitory symptom is contraction of the spinal or psoas muscles. Another is atrophy of the parts below the point of disease, which may be greater in one leg than in the other. There is more or less paralysis of the bladder and rectum. Finally, there is deformity of the spine. The disease may result from falls or blows, or from syphilis or tuberculosis.

In the treatment there are but few remedies of value: these are calc. phos., sulph. phos., calc. c., silicea, ferum phos., merc. viv., potass. iod.

Internal remedies may cure the disease in the beginning, but not in its later stages. The patients are apt to waste

away and the diet should be adapted to prevent this as much as possible. They should have milk punches, fish, sufficient bathing and fresh air. The old plan of keeping such patients confined to a horizontal position was very injurious to their general health.

In the beginning of the disease, my plan is to swing the patients hanging by the hands from 6 to 10 minutes, two or three times a week, and employ the best of hygienic management.

For the last few years the plaster-jacket has been very popular in the treatment of these cases. It has done much good—more than all other appliances together, but it does not do all it should. Under its use the patients improve for a few days or for a month or two, but the jackets will give and the vertebræ go back to their old place. To get the greatest benefit the jacket must be re-applied often, and then there will be much chafing.

In my opinion, the modification of Dr. Wyatt, of New York, is the best mechanical appliance. Two perforated zinc plates are imbedded in the plaster bandages, carried around the body, above and below the tumor, and these are connected by rods with screws, which permit a gradual and constant extension to be made. I hoped to present a case here this evening, showing the manner of its application, but have been unable to do so. I think this apparatus is better than Taylor's or Schaeffer's.

For lateral curvature I mean to have a little rod with a pad to pass out and furnish a side support to the ribs.

DR. BOYD—I have been well pleased with the remarks, and I think the apparatus recommended is an improvement on the plaster jacket.

I have noticed that when the disease is low down, one of the earlier symptoms is rheumatic pains in the lower extremities. The pains are felt at a distance from the seat of disease as in hip-joint disease.

In one case which I have treated, and which had previously been treated for sciatic rheumatism, the abscess opened in the middle of the thigh and discharged some very vicious pus.

DR. CAMPBELL—I have a question to ask. The essayist mentions pain in the stomach as a prominent symptom in the beginning of the disease. Is it the symptom?

DR. KERSHAW—A symptom.

DR. CAMPBELL—It seems to me that much would depend on the location of the disease. I would like to know how to distinguish the colic characteristic of this disease from that arising from other causes?

DR. KERSHAW—I stated that the pain was not always in the stomach, and that it depended on the location of the disease. The history of the case helps us somewhat in determining the cause of the colic.

DR. CUMMINGS—Premonitory symptoms of tubercular meningitis are stumbling and falling, crossness and loss of appetite. Duchenne thinks that in shingles the roots of the nerves are affected primarily, and the seat of disease is not where it appears to be.

I like the treatment advised by Grauvogl, arg. nit. and calc. phos. or carb. If fever is present, aconite, etc., are appropriate. I think we need mineral remedies. After pus has formed, silicea is a good remedy. For perspiration on the head, I think silicea 6<sup>x</sup> is better than calc. In regard to the colic, if it occurs from day to day, and no cause for it can be found in the intestines, we must then look for it somewhere else.

DR. EDMONDS—I hardly agree with the essayist in his opinion that an abscess near Poupart's ligament might be mistaken for hernia by an accurate diagnostician. No man who is wide awake would make such a mistake. I think we should not be too well fortified with excuses for making mistakes.

One valuable remedy has not been mentioned, and that is, chloride of lime. I think it is a mistake to regard all cases of spinal curvature as results of inflammation. Want of muscular balance produces many cases. I think there has been much improvement in the mechanical treatment of these cases, and I am glad to hear that all cases are not to be treated indiscriminately with the plaster jacket.



DR. KERSHAW—Muscular spasm may be caused by irritation of the roots of the nerves supplying the part. Inflammation and the formation of pus are perfectly adequate to irritate the nerve roots and so cause spasm of the muscles.

Mechanical appliances are not sufficient to cure such cases. Again, spinal curvature may be caused by bad habits alone.

DR. PARSONS—Not all cases of spinal curvature are accompanied by inflammation. We know that we may have deformity in the spine as well as other parts of the body, from muscular action. We may have ankylosis without inflammation. If spinal curvature is due to muscular spasm, neither medicines nor the plaster jacket are the remedies. Position may help some, but myotomy is the cure.

Caries of the vertebræ is a frequent cause of this deformity. The intervertebral substance is not easily inflamed. Like the umbilical cord, it has little nutritious supply. Inflammation may extend to it from contiguous tissues, and when developed lasts long. It is an inflammation that cannot be cured without rest. Diseased joints must be kept quiet.

It is not necessary in all cases that the pus should be discharged. It may be absorbed. In regard to the apparatus recommended, it may be an improvement, but I must see it proved before I shall believe it. If we remember that the trunk of a child is a double cone with their bases together, we shall see the difficulty of extension in the manner proposed. The upper bandage will be prevented from slipping up only by the axillæ. The serratus magnus and the latissimus dorsi are the muscles most important in drawing the shoulder downward. Both these muscles have their origin quite low down on the spine, and the tendon of the latter will draw directly across the upper border of the bandage in the axilla. The axillæ will become sore, and the patients will not wear the apparatus. I am well aware that the plaster jacket is not perfect, but I believe it is the best apparatus

we have yet. We must have support at all points of the artificial spine. It is true that the plaster jacket produces absorption of the parts pressed upon and becomes loose, requiring frequent reapplication, but the patient can afford to lose a little flesh to gain a good spine.

DR. KERSHAW—Curvature, without inflammation, is caused by irritation of the nerves, unless from bad habits. Myotomy is not always practicable, and I think the best way to relieve the irritation is to separate the vertebræ. With the new apparatus, I have no extended experience as yet, but I soon shall be able to judge of its success. It is certain that the jackets do produce excoriation. Wyatt's apparatus may slip up, but I think not, if properly applied.

As to the separation of the vertebræ by the juremast, I do not think it amounts to much. It looks very well on paper, but practically, amounts to almost nothing.

W. B. MORGAN, M. D., *Reporter.*

---

*October 13, 1879.*

---

DR. SANBORN read a paper describing a case of uterine prolapsus with inflammation and menorrhagia. The case was remarked upon as follows:

DR. RICHARDSON—The paper is upon an important subject. As I understand it, it was a case of lateral version and prolapsus. The os was resting on the perineum and there was flooding. The doctor used a cotton tampon saturated with belladonna. I would like to hear from others, and then I will make some remarks upon the subject.

DR. EDMONDS—I noticed the idea advanced in the paper that the treatment of the case was conservative and not of the violent nature that was used years ago. There has been rapid progress in this direction of late.

I desire to call the attention of the members to glycerine in the treatment of these cases. It relieves congestion and inflammation, by exciting a profuse watery

discharge from the parts, and at the same time restraining unhealthy discharges.

I recently had a case of cervical inflammation for which I did little else than to apply pledgets of cotton saturated with glycerine. I made the application through a speculum and taught the patient to do it herself in a week. I employed three injections of hot water twice daily, and the glycerine at night.

I call this treatment conservative as compared to the old method of cauterization. I have all my life sought to hunt up mild, conservative modes of treatment. In my opinion conservatism in medicine is the thing to be cultivated.

DR. PEARMAN—I think that, in Dr. Sanborn's case, every day was too often to make the application. Three times a week would have been often enough. I think patients should not be permitted to use speculums themselves; they would be very apt to bruise the inflamed parts, and so do more harm than good by their use.

DR. RICHARDSON—I regret that Dr. Sanborn did not give us more of the history of the case. The condition she has described must have had some cause. I think it quite probable that she had had one or two abortions since the birth of her child, five years before. An abortion might be followed by subinvolution and a lax condition of the supporting parts, which would permit the uterus to drag down: the treatment employed was rational, regardless of schools. None of the older gynecologists would have done differently. I agree with Dr. Edmonds in condemning cautery, but no one would have thought of using it in this case. There were present none of the indications for which they have used cautery.

Whatever the cause of the trouble in this case, the ligaments were relaxed, the uterus had fallen down so that the os rested on the perineum, and the canal was obstructed, a sufficient cause for painful menstruation. This induced congestion and menorrhagia.

To restore the uterus to its place, and use belladonna to reduce the congestion, was the clearly indicated treatment.

In regard to glycerine, those doctors who do not know of its virtues are clear behind the times.

There was an additional feature in the treatment of this case, and that was the tampon. This acted as a pessary, and in the existing condition of things was much better than any other kind that could have been used. A small foreign body in the vagina affords great support to the uterus, and a pledget of cotton is one of the very best pessaries.

Dr. Edmond's case would have done better if he had allowed the pledget to remain during the day as well as during the night. I think it was a mistake to use the speculum for the introduction of the pledget. That could have been done much better without the speculum.

We need the speculum only when necessary to see conditions within the vagina. There is a growing sentiment in favor of less exposure.

DR. PEARMAN—I think the use of the speculum was unnecessary.

In regard to belladonna, I do not think it in the tincture is applicable to cases where there is relaxation. It aggravates rather than benefits.

DR. BAHRENBURG—In uterine displacements, I always effect replacement, if possible. Often this cannot be done. Then I rely on hot water injections and position. But if possible I replace the organ, having the woman in the knee-elbow position.

I think the cases may be treated without glycerine. I have relied on hot water and the indicated remedies. I have sometimes used hot fomentations. As to internal remedies, if there is much pain and dysmenorrhœa *lilium tigr.* is the remedy. Where belladonna or sepia is indicated, I prefer a high potency—the 200th.

Sepia is particularly indicated when the uterus seems to want to slip out of the vagina.

I had a case which I believe I have mentioned to the Society before.

A lady of 50 years had been sick seven or eight years, being confined to her bed two years. She had been

treated by noted Allopaths, but got no better. She vomited most continually and took almost no food. I suspected uterine difficulty, made an examination and found the womb retroverted. There was so much irritation that I could not at the time replace the womb, but I used the hot water and internal remedies. In a few days she was out of bed, could eat and did pretty well.

The remedies used were sepia, nux and lilium. The cause of the whole trouble was uterine displacement.

DR. CUMMINGS—I endorse the hot water. By hot water I do not mean warm water, but that of about 110 °. Emmet says that it will arrest cellulitis if employed at the start. He directs it to be employed for three or four or five hours. I think in any inflammation near the vagina there is nothing to be compared to it, but it has produced fainting in much less time than that mentioned by Emmet. I had a case recently in which the woman on the third day after labor had a severe chill, lasting two or three hours, followed by fever with a temperature of 104 °, and great tenderness of the abdomen; in fact, all appearances of peritonitis. With the internal remedies I used the hot water. The temperature was reduced and the patient recovered. I think the hot water is applicable to both acute and chronic inflammation. I am not an advocate of the injection of carbolic acid solutions. It takes but little of the acid to produce poisonous effects, and it is believed that these effects resemble peritonitis. When given to animals in poisonous doses it produces rigors and death in from one minute to six hours. I believe carbolic acid kills more patients than it cures.

I believe that strong belladonna aggravates cases where there is relaxation.

I do not know that lilium will restore a displaced uterus.

DR. EDMUNDS—I am well aware that a speculum is made to look through. I used it in this case as a substitute for a carrier, an instrument I did not have. I think a cylindrical speculum must be used very roughly

to do any injury. Generally, it is not necessary to use any instrument to introduce a pledget of cotton, but in this instance it was. I tried, and the patient herself tried, to introduce it without, but it could not be done. Moreover, less of the glycerine is squeezed out of the cotton when applied through a carrier or speculum.

Ordinarily, it is difficult to retain a pledget in the vagina in the day-time, when the patient is in the erect position. I can add my testimony concerning the value of hot water.

DR. RICHARDSON—I have a uterine applicator, but it is for the purpose of making applications to the interior of the uterus.

It is unnecessary to have so much glycerine on the cotton that it may be squeezed out during introduction.

I have introduced within the last few years probably several thousands of these pledgets, and I have never had one to slip out yet.

DR. EDMONDS—Isn't there a vaginal applicator? I think there is.

DR. RICHARDSON—There is, but I have no use for one.

DR. SANBORN—I hoped to hear from some of the surgically inclined members, something about the use of pessaries. I think that in cases of danger, as this was from the hemorrhage, treatment every day is none too often.

W. B. MORGAN, M. D., *Reporter.*

---

### *TRIGONOCEPHALUS CON. POISON (COPPERHEAD).*

---

BY D. G. CURTIS, M. D., CHATTANOOGA, TENN.

---

While engaged in a hand-to-hand conflict with yellow fever last year, I received a hurried call fifteen miles away to see a case of "snake bite." My informant was a brother to the victim, and in response to my questions said, "Hain't bin doin' nuthin. Hain't no whisky on the mountain, and hit's a d——d copperhead, doctor." Now this reptile is deemed by all mountaineers the most

treated by noted Allopaths, but got no better. She vomited most continually and took almost no food. I suspected uterine difficulty, made an examination and found the womb retroverted. There was so much irritation that I could not at the time replace the womb, but I used the hot water and internal remedies. In a few days she was out of bed, could eat and did pretty well.

The remedies used were sepia, nux and lilium. The cause of the whole trouble was uterine displacement.

DR. CUMMINGS—I endorse the hot water. By hot water I do not mean warm water, but that of about 110°. Emmet says that it will arrest cellulitis if employed at the start. He directs it to be employed for three or four or five hours. I think in any inflammation near the vagina there is nothing to be compared to it, but it has produced fainting in much less time than that mentioned by Emmet. I had a case recently in which the woman on the first day after labor had a severe chill, lasting two or three hours, followed by fever with a temperature of 104° and great tenderness of the abdomen; in fact, all appearances of peritonitis. With the internal remedies and the hot water. The temperature was reduced and the patient recovered. I think the hot water is applicable both acute and chronic inflammation. I am not an advocate of the injection of carbolic acid solutions. It takes but a little of the acid to produce poisonous effects, and I believe that these effects resemble peritonitis. When given to animals in poisonous doses it produces rapid death in from one minute to six hours. I believe carbolic acid kills more patients than it cures.

I believe that strong belladonna aggravates where there is relaxation.

I do not know that lilium will restore a retroverted uterus.

DR. EDMUNDS—I am well aware that a speculum made to look through. I used it in this case as a substitute for a carrier, an instrument I did not have. I think a cylindrical speculum must be used very





vicious and dangerous—striking silently, swiftly, deeply, and often fatally. I had never treated a case of this character, and therefore gladly seized this opportunity of witnessing and learning something new. So, turning my yellow fever patients over to a co-laborer, I rode to the cabin of my new patient on the mountain, and arrived about seven hours after he had received his wound. When I entered the room the pitiable, trembling victim was lying on a couch before me. He was about 21 years old, heavy built, of sanguine-lymphatic temperament.

His right arm was bandaged, and his head covered with saturated tobacco. Standing quietly by his side I remarked the following symptoms: Trembling all over; rigors; hurried, laborious breathing; flushed face; eyes bloodshot and suffused with tears; great anxiety; voice tremulous and weak; extremities cold; pulse 110 to 115, small, jerky, wiry. Laying his hand over his heart, he said, "Here, doctor, I suffer the most. Hit's powerful sore. I know I'll die." Heart's action tumultuous; slight nausea; tenderness over the epigastric region; intense headache; photophobia; severe aching in back and limbs; tongue flat, spongy, with red edges; much mucus. When I had stripped off the bandages I discovered two small penetrating wounds on the dorsal surface of the hand, near the knuckle of the second finger, about three-fourths of an inch apart, from which oozed a watery substance, and around which the tissues were of a greenish hue shading off into yellow from the wound. His hand was considerably swollen, as was also the arm up to the shoulder. I was surprised to see in the totality of the symptoms such a *fac-simile* of the train of terrible symptoms I was combatting in the city. The case was a miniature mirror, reflecting, as it were, the conditions of my patients in the city. With much confidence thought sped along the track of theory to conclusions; from conclusions rapidly to action, thus: First stage of blood poison; its similar, first stage of yellow fever. Is this true? Law says yes. Of the second stage in either case I had as yet nothing to do. Take conditions as now.

Decision: Acon. 1st, 1 dr. to 5 oz. water; 1 teaspoonful every thirty minutes till reaction sets in and perspiration freely follows, then every hour. I ordered his hand plunged in as hot water as could be borne; hot bricks around and extra clothing over the patient. Result: Free perspiration in one hour, with great improvement in his condition. Passed the night comfortably, and at 9 A. M., or 24 hours from the time he was poisoned, I found him resting easy. A marked yellow tinge of the entire surface, with eyes and tongue deeply tinged; a general stiffness and soreness, with "tired feeling," took the place of the intense pain of the few hours previous; heart still painful. The next day he was up, presenting all the appearance of one who had shaken hands with Bronze John upon short acquaintance, and couldn't let go; a deep yellow pervaded the entire surface of the body. A month later I met the patient again. His hand was still puffy, with a general soreness upon pressure.

Lesson: What cured? Would he have recovered without treatment? Would the second stage of this poison simulate the second stage of yellow fever? Does Acon. presuppose septic poison? Did the Aconite antidote this septic poison, and thus enable the victim to throw off its baneful effects? If the law of *similia* is a fact, why then need an individual or a community suffer the fearful torments of yellow fever, when right at their very doors lies the antidote? Will any one who has had experience in the treatment of this dreadful scourge enlighten us on these points?—[*American Homœopath*, November.

vicious and dangerous—striking  
and often fatally. I had  
acted, and therefore g  
nessing and learn  
yellow fever pa  
cabin of my  
about seven

I entered  
lying on  
heavy

Hi  
sat  
m

...the southwest corner of Fifteenth  
...of Lincoln, Mo., has changed his  
...to Lincoln, Mo.  
...from Winona, Mo., to Lincoln, Mo.  
...from 14th and Howard St. to 1212, Mad  
...always holds a Surgical Clinic on every Friday, from 10  
...in the amphitheater, at the City Hospital. The class all  
...and are greatly pleased.  
...a paper article on Medical Legislation in Indiana, written by Dr.  
...of Indianapolis, and published in the "Indianapolis  
...has reached us, which we enjoyed very much.  
...T. G. Constock.—This accomplished scholar and Gynecolo  
...a lecture to our college students, at the Good Samar  
...ry Saturday, at 12, M., on Gynecology.

DISPENSARY CLINICS.—These are very large in all  
and we desire to call the attention of the profession  
to surgical operations on patients sent in by them will  
they are performed before the class.  
OUR COLLEGE.—We are pleased to announce that the Good Samar  
itan Hospital, by vote of its Trustees, now grants *Free Clinics* to our  
students. Heretofore, \$5 was charged for each ticket. In the name of  
our large class, we thank them sincerely.

GOOD OPENINGS IN THE SOUTH FOR HOMŒOPATHIC PHYSICIANS.  
—Yazoo City, Miss. For particulars, address J. W. Champlain, Esq.,  
at that place. Baton Rouge, La. Address Prof. Magruder. These  
are two good locations for plucky young men who are not afraid of  
Yellow Jack. Please bring this to the notice of the readers of your  
journal, and oblige  
New Orleans, Nov. 11, 1879.

Yours very respectfully,

BOERICKE & TAFEI.

We trust our many readers will enjoy the discussions of our Medical  
Society, filling so large a part of our space this month, as we believe  
there can be no original matter more interesting or important than  
these extracts, on account of the variety of subjects treated, and the  
easy, flowing, colloquial manner in which the different speakers give  
their views. We also desire all the world to know that peace and har  
mony reign in St. Louis among us, and that our Medical Society is  
always on the qui vive for anything new, useful or good.

OUR ADVERTISERS. It is refreshing to note the business tact of  
our advertisers. All the old ones continue their patronage, knowing  
full well the value of our pages; and now, a new one to us has  
sought us out and given us four pages, all about Maltine, every word  
of which is true. Malt preparations and Beef Tonics are coming to  
the front. With Trommer's Extract of Malt, from Fremont, Ohio,  
and Horlick's Dry Extract of Malt, from Racine, Wis., and Reed &

Carnrick's Maltine from New York, and Coco Beef Tonic from New York, and Caswell, Hazard & Co.'s Peptonized Beef Tonic, also from New York, it would seem that the most fastidious could be pleased with proper food for the invalid and convalescent. All our advertisements reach a thousand doctors every month, and the *MEDICAL JOURNAL* is the only proper medium through which physicians can be influenced to try any preparation they are not familiar with.

**TYPHOID FEVER GERMS IN ICE.**—About eight years since Dr. Flint, who has studied and written a great deal on the subject, became satisfied that a source of typhoid fever existed which was little dreamed of, and which, at first thought, would seem impossible. This source, as he then enunciated it to his home medical society (and not, to his knowledge, having been before suggested), is found in ice. If this idea is thoroughly investigated, it will not appear to be very problematical. In the first place, the poison is not destroyed or impaired by freezing. (Some one long ago remarked that ice often masks or conceals what it does not kill.) Now, whence comes our ice supply? Often from shallow reservoirs in the midst of neighborhoods of large towns, purposely made to receive surface drainage from all around, under the erroneous idea that no harm will ensue, as freezing is supposed to purify and render harmless what might otherwise be objectionable. Great quantities of ice are taken from canals, from creeks, from stagnant ponds, and from streams that are either the natural or artificial recipients of surface drainage of the outpourings of sewers, and of uncleanness from various sources. The danger of ice taken from improper places is not only from that which is drunk, but from its use in refrigerators and preservatories, where milk, butter, fruits, vegetables and meats are subjected to its saturating influence as it vaporizes. Several instances have fallen under the Doctor's observation where the disease, by the most careful investigation, could not be traced to any other source; and if we accept as a fact the statement positively made by Budd in the London "*Lancet*," in July, 1859, that it never originates *de novo*, but proceeds from a special and specific poison, which is capable of diffusion to a great extent, and which preserves its noxious qualities for a long period, even if buried for many months, we can not reject the hypothesis of infection; and it is hoped that it will be made the subject of very thorough and careful investigation.—[*Popular Science Monthly*.]

---

**THE LATE DR. HEMPEL.**—Charles J. Hempel was born in Solingen, near Cologne, Prussia, on September 5th, 1811. After having mastered the collegiate course of his own country, he removed, at the age of twenty-three, to Paris. Supporting himself there as a teacher of languages, he not only listened to the lectures of the medical faculty, but devoted much time to the critical study of music, of the arts and of polite literature. His genial manners and his ability won him the friendship of the distinguished Prof. Michelet, who employed the enthusiastic young student as a translator from German historical works and brought him to the notice of the members of the faculty of the University at Paris. He immigrated to America in 1835 and graduated in the medical department of the University of New York. Soon after

this he openly declared his faith in Homœopathy and entered upon practice in accordance with his avowed belief.

The school of which he soon became an acknowledged leader was at that time small in numbers, without political or social influence, and, above all, without a literature. The works of Hahnemann, the founder of the school, were accessible only to the few who had a knowledge of the German language. Eminently fitted for literary labors, Dr. Hempel at once commenced the translation of the *materia medica pura*, followed, at brief intervals, by the rendering into English of the other works of Hahnemann. He continued to translate many of the standard works on *materia medica* and on theory and practice, issued voluminous repertories, and, while attending to his growing practice, took a foremost part in creating a literature for the school, in developing its resources and in spreading its doctrines. In 1855 he was married to Mrs. Mary E. Colder, a daughter of Mr. Coggeshall, one of the old residents of this city. In 1856 he was called to fill the chair of *materia medica* in the Hahnemann medical college of Philadelphia. The death of Mr. Coggeshall, which occurred a few years later, obliged Dr. Hempel to resign the chair, which he had filled with signal success, in order to remove to Grand Rapids, where he entered upon a medical practice, which soon taxed his energies to the utmost. His success in teaching *materia medica* led to the publication of his lectures in a volume of 1,200 pages, which went through two large editions, both of which were republished in England. In 1869, the doctor began to fail in health, and his eyesight grew weak. In 1871 he made a trip to Europe, consulted eminent specialists, and learned that blindness was inevitable. During the years following he continued to fail slowly but constantly, until he became a perfect invalid, absolutely blind and helpless.

In spite of this terrible affliction his intellect remained perfectly clear. During the weary days of his long illness he wrote, by the aid of his wife, who acted as his amanuensis, a work on the principles of Homœopathy, and prepared a new edition of his work on *materia medica*. This latter work became the one last point of interest of his life, and when arrangements for its publication had been made, he resigned himself to the conviction that his life's work was done. During the stormy weather of last week he took a severe cold, unexpected complications arose, and on the 24th day of September the weary wanderer entered into the rest for which he had often prayed.

Dr. Hempel was an indefatigable worker. He translated into English nine large works on medicine; he published a work on domestic practice in French, English and German; he wrote and published four large works on medicine; he furnished the best translation extant of the prose works of Schiller; he left the unpublished manuscript of a large German Grammar, which good authorities have pronounced a book of the highest merit; and he published a number of religio-philosophical works.

The life, now closed, was active, earnest; the heart, now still, was child-like, void of malice; the spirit, now gone home, was, nay, is, joyous, hopeful and bright, softening into gentler shades the shortcomings of human nature and scattering sunbeams on the pathway of others. *Requiescat in pace.*

H. R. A.

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., DECEMBER 15, 1879.

NUMBER 10.

---

## *MEDICAL SOCIETY DISCUSSIONS.*

---

OCTOBER 27, 1879.

DR. BAHRENBURG read an essay\* Cystitis, which subject was afterwards discussed as follows :

DR. VALENTINE: I had to treat a severe case of cystitis last spring. A lady had had uterine ulceration, which was cured by local applications. When I saw her she had great dysuria, with a desire to urinate every hour; urination and defecation both painful. There was tenderness above the pubis, and she had fever every day and night. I had the urine tested on two occasions. It contained mucus, but no pus.

I began the treatment with aconite, which reduced the fever; then I gave eryngium aquaticum, which seemed to benefit for a time. Afterwards she got canth; then I gave apis, and she improved so that I was about to discharge her as cured, when she one day took a severe cold in a cold water-closet, and relapsed so that she was as bad as ever. There was much irritation of the urethra, but no symptoms of trouble in the kidneys.

I returned to the use of apis 6x, and she improved greatly; but I finally put her upon an exclusively milk diet, continuing the apis. At first she thought she would starve, but in a few days she seemed to like it, and did not desire anything else.

\* Page 361.

The result was as perfect a cure as I ever made, and I think the milk had as much or more to do with her recovery than any remedy employed.

DR. RICHARDSON: I have had considerable experience with this disease, and I must say that neither the essay nor the subsequent remarks have accorded very well with my notions as to treatment.

All pelvic diseases are tedious and obstinate, and affections of the bladder are most annoying, probably because it is in constant functional activity.

Some articles of food or drink make more urine than others. These are to be forbidden. In the remedial treatment I have not succeeded well without injections. I have seen the most marvelous results from the injection of a weak solution of carbolic acid. Where there is pus, solutions of acetate of lead are often highly beneficial. In acute cases, emollient injections have done better, and of these the best is flax-seed tea.

As to the causes of the disease, it often results, especially in women, from the habit of retaining the urine too long; the over-distended bladder sags down into the vagina, and in time forms what is called cystic-vaginocele, the urine is not all voided, decomposition of what is retained takes place, and inflammation is the result.

It often results from injuries during labor. Arnica and cantharis are good remedies in such cases, but in cases of cystic-vaginocele, remedies are of no use; a ball pessary is the thing needed.

In some cases absolute rest of the organ is required. This may be secured by dilating the urethra so that the urine may dribble away constantly, or by making a vesico-vaginal fistula, which has to be treated after the inflammation has subsided. Of these two methods the first is preferable.

In regard to the production of cystitis by northeast winds, I have never seen a case so caused, but I have known it to be caused by cold closets.

DR. PARSONS: I will relate a case which I have now on

hand. A large, fat gentleman, married, and a high liver, has suffered five or six years. He has stricture of the urethra. When he presented himself to me, he had great dysuria, with frequent desire to urinate. He was often compelled to get down on his hands and knees to pass his water. The tenderness was so great he would not allow the introduction of a catheter, but I suspected stricture from the first.

In three weeks I had reduced the inflammation by means of canthardial collodion applied to the under surface of the penis, by the injection of hot water into the rectum, and the occasional passage of pledgets of lint saturated with glycerine and belladonna, to the base of the bladder through the rectum, so that I determined to try bougies. I first tried a No. 3 English scale, but could not introduce it. I finally came down to the filiform, and with that I could find no passage; then I took a No. 11 English scale bougie, and waxing the end, introduced it as far as I could, and took an impression of the stricture, so as to find the locality of the opening. After this I was able to pass a No. 1 bougie, and the next day a catheter, into the bladder. I found that the urine had dilated the urethra, making a pouch behind the stricture, and that the base of the bladder was thickened by as much as one-eighth of an inch. There was great tenderness of the base of the bladder, for which I used injections of warm water, with glycerine, or opium, or belladonna at times. I gradually dilated the stricture until it would admit a No. 6 bougie, when I introduced the urethrotome, divided the stricture on the right and lower sides, dilated it to the size of a No. 12 bougie, and thoroughly washed out the bladder. The case progressed as favorably as could be expected, but the man became impatient because the pain did not pass away, and he concluded to stop treatment.

He went off for awhile, and then came back just as bad as ever. I repeated the treatment and he is now doing very well. He introduces the catheter rather than strain to pass his water. This is one of the cases where



cystitis results from trouble in the urethra. Other cases originate in the bladder. The place of origin must be considered in the treatment. Some cases may result from displacement of the uterus. I do not say that remedies will not replace the womb, but I believe that a sound or some other mechanical treatment is necessary in cystitis caused by pressure of the uterus.

Cystitis may be of nervous origin, the cause being in the brain, or pelvis, or it may come from constipation. An enlarged uterus may impede the circulation and cause inflammation, and so may an enlarged prostate. All these different causes must be considered for the successful treatment of cases.

The disease does not always remain in the bladder. It sometimes backs up the ureter to the kidneys. The pelvis of the kidneys may be distended. In retention of the urine I do not rely upon internal remedies. I introduce a catheter, if possible. Before aspiration became so popular, I had a case in which I punctured the bladder through the rectum, and formed a permanent fistula. The urethra contained a long cicatrix, and was completely occluded. No opening could be made. With the vesico-rectal fistula, the man lived two or three years. Some cases of traumatic stricture may be relieved by external urethrotomy, and in some an artificial urethra may be made, opening in the perineum.

Now it is common to aspirate above the pubis. There is plenty of room, for a distended bladder may reach nearly up to the umbilicus. As the urine is discharged from the needle, its point should be turned downward to avoid injury to the bladder. I have been in the habit of using a little canula over the needle, which permits the sharp point to be withdrawn. It is even proposed to make an opening in the bladder above the pubis and pass the catheter from behind.

**DR. TERRY:** I have found that by injecting the urethra with olive oil, and retaining it there, I have been able to pass a bougie when nothing could be passed before.

**DR. KERSHAW:** I think the cystic-vaginocele, or the

pouch, mentioned by Dr. Richardson, should be remembered, and I think, too, that we should see if there is anything in the bladder which may cause inflammation. Women sometimes introduce foreign bodies into the bladder. Cases are on record in which knitting-needles and other bodies have slipped from the female urethra into the bladder, and becoming encrusted with urinary deposits, caused great irritation of that organ. If a stone, or other foreign body is in the bladder, how much aconite, apis, etc., will it take to cure the case? We must find, if possible, the cause of disease. Many cases result from affections of the skin, and to treat a case of this kind as cystitis simply, is to fail, in the majority of instances.

I have another matter somewhat related to this subject that I would like to relate to the society. Some years ago, an acquaintance had a valuable horse taken sick. It was said to have been foundered. It strained to pass water continually, but could not. I introduced my hand into the rectum, and found the bladder hard, hot and distended. A friend of mine and myself took three catheters and spliced them together, as you see them in my hand, and went to work to introduce the instrument. It took several hours, but we finally succeeded, and the horse was relieved. The urine that distended the bladder was thick, like syrup, but after that was removed, a watery discharge took place and the horse recovered.

W. B. MORGAN, M.D.,  
*Reporter.*

---

Nov. 10, 1879.

The essayist for the evening not being present, prevailing diseases were discussed and interesting cases related as follows:

DR. CUMMINGS: In my experience the nearest approach to a prevailing disease is tonsillitis. The successful remedies are merc., acon. and bella. When there is a membrane in the throat, I direct it to be touched with a

cystitis results from trouble in the urethra. originate in the bladder. The place of or considered in the treatment. Some case from displacement of the uterus. I do remedies will not replace the womb, but sound or some other mechanical treatn in cystitis caused by pressure of the ute

Cystitis may be of nervous origin, the brain, or pelvis, or it may come An enlarged uterus may impede the inflammation, and so may an enlarged different causes must be considered treatment of cases.

The disease does not always re sometimes backs up the ureter pelvis of the kidneys may be di the urine I do not rely upon in duce a catheter, if possible. so popular, I had a case in wh through the rectum, and form urethra contained a long occluded. No opening con rectal fistula, the man liv cases of traumatic stricture urethrotomy, and in son made, opening in the pe

Now it is common to is plenty of room, for nearly up to the umb from the needle, its avoid injury to the b using a little canule sharp point to be make an opening the catheter from

DR. TERRY: with olive oil, a pass a bougie w

DR. KERSHA

to the  
months  
of 12  
I have  
covered  
I have used  
some or mix

days ago. A and I gave her ree or four years . Soon after she ost continually for freely at the eyes that the medicine doms were noticed. benefited in the atism lately.

child that is nearly ly the whole body. doctors without ben- after there was much aggravation of the rash. ect of the sulphur, and cure.

serious ophthalmia of years old. When she I have used sulphur locally; also acetate of When I had treated appeared on several

gave ihus. and afterwards

a child who com-  
lower bowel, and  
have not seen her,  
believe there were  
p. and was somewhat  
g the local application  
ave sulphur and mercu-  
on of the members as to  
osing that there were ascar-

only sure proof of ascarides is  
woman who supposes she has had  
years, and has taken all kinds of  
had a tape-worm. Dr. Parson's nux.  
I had not long ago. A lady was suf-  
omatic attacks, with symptoms clearly  
arsenic. I gave arsenic 3x with no benefit,  
remedy after another for two or three  
no result. Finally, when she and I both had  
thoroughly discouraged, I gave her, in a  
operation, arsenic 200. I did not see her again  
time, when she came to consult me concerning  
the boy. I asked how she had been herself, and  
ed that last medicine cured her, but liked to have  
her. She vowed I gave her arsenic, for her face  
and limbs swelled up and she had unmistakable symptoms  
of arsenic poisoning. It had been some little time since  
I gave a low preparation of arsenic, and it really seemed  
that the 200th attenuation caused the symptoms pre-  
sented.

DR. UHLEMEYER. I do not doubt but what the 200th  
attenuation produced the symptoms. In three patients—  
in whom it had never occurred before—I have known  
sulphur 200 to produce the morning diarrhœa peculiar to  
that remedy.

At present, most of my cases are chronic. I have had  
one bad case of scarlatina. The eruption appeared last

solution of alcohol, by means of a camel's hair brush. In older children or adults, alcohol or sulphurous acid may be applied in a spray.

In the Dispensary I have had some cases of rheumatism, mostly chronic, and some catarrhs.

I had an interesting case the other day. The patient had been sick 7 years. Now, there is pain in the left side, and a desire to urinate about every hour.

I have had the urine tested. It is strongly acid and contains epithelial casts.

The patient is not emaciated, on the contrary is plump and rather florid.

A patient suffering from Bright's disease for that length of time, would become much debilitated, and probably, dropsical.

It puzzles me to diagnose the case. I have given phos. acid and phos. I would like the opinion of our pathologist, Dr. Boyd.

DR. BOYD: It would be hard to name the disease without more knowledge of it.

From what has been stated I very much doubt the existence of either Bright's disease or diabetes. There may be an abscess forming, and, if so, it may possibly be prevented. In some obscure cases, I have used phosphorus with benefit, but I have more frequently had good results from cubebs. I have a case on hand now of long standing. I have given cubebs, and the patient has not been so well for 10 years. But in regard to Dr. Cummings's case, I could not give an opinion without more knowledge of it.

DR. RICHARDSON: In my practice, uterine complaints prevail. I have prolapsus, metritis, and one case of vaginitis. These cases are nearly all chronic, and, so far as I know, there is no acute prevailing disease. I have had a few cases of rheumatism, and, when he spoke of it, I hoped Dr. Cummings was going to tell us what he did for his cases. I have not had a case of throat disease for several weeks. I presume some of you know that I have a sort of routine treatment for these, which I think is pretty

successful. I give merc. biniod and bichromate of potash in alternation, and sometimes a gargle of chlorate of potash. Alcohol is good, and the spirits of camphor recommended by some of the eastern doctors is good on account of the alcohol which it contains.

From what he has told us, I could give no opinion concerning Dr. Cumming's case, but I should like to hear about the rheumatism.

DR. BOYD: While I was speaking, I intended to speak of diphtheritic growths. They contain cryptogamic plants, whose roots penetrate the mucous membrane only a short distance, and which propagate very rapidly. For their destruction, I think there is nothing equal to aqua ammonia. I had a case several years ago that had been abandoned by several college professors. The throat was encrusted with a very malignant growth, fully 1-8 inch thick, and it seemed almost certain that the sloughing would open the carotid artery. I made a mixture, 1-4 aqua ammonia, 1-4 carbolic acid, 1-4 alcohol, and 1-4 water, and had it applied frequently to the membrane. In 12 hours the crust was entirely gone, the throat was in a good condition, and the patient made a good recovery.

I afterwards met one of the doctors who had abandoned the case, and he asked me what I did for it. I told him. He thought there was not much homœopathy about that treatment. But I told him that it was not a homœopathic nor an allopathic remedy that the case required, but a chemical solvent for the membrane, and I applied it and cured the case. I used the carbolic acid as a stimulant to the parts, while I expected the ammonia to dissolve the membrane.

This recalls an incident that occurred some years ago. A young man of rather an inquisitive turn was in my office, when a man rushed in, put a few drops of ammonia in a glass of water and drank it with a view of staving off an attack of delirium tremens. The young man watched him, but did not observe that the glass the man used was full of water, and that he put in only a few drops of ammonia; he thought that he drank the pure

ammonia, and in a little while he determined to try it himself and see the effect. He took a swallow, and his mouth and throat were quickly denuded of the mucous membrane, but what little there was left, had exactly the appearance of a diphtheritic membrane. So you see, there is some appearance of homœopathy about the ammonia after all.

**DR. PARSONS:** In my practice fractures prevail. Acute diseases are mostly catarrhs and ulcerations, sore throats without diphtheritic deposits. Deep ulcers appear in 12 to 24 hours, with difficult swallowing and fever. I have used nitric acid and apis and the cases have recovered with no difficulty. In the catarrhal troubles I have used aconite 1x to 2x in the beginning, and arsenic or nux vom. later.

I had a case of some interest a few days ago. A mother was troubled with constipation, and I gave her nux. 6x on pills. Her little daughter three or four years old got the vial and ate the contents. Soon after she began to sneeze and kept it up almost continually for four hours, at the same time watering freely at the eyes and nose. I am inclined to think that the medicine caused the sneezing. No other symptoms were noticed. The mother's constipation was not benefited in the least. I have seen no cases of rheumatism lately.

**DR. STIEFEL:** I have a case of a child that is nearly blind, and has a rash covering nearly the whole body. The parents have employed many doctors without benefit. I gave sulphur 200, and a week after there was much improvement in the eyes, but an aggravation of the rash. I was surprised at the apparent effect of the sulphur, and I have hopes that it will result in a cure.

**DR. TERRY:** I have a case of scrofulous ophthalmia of five years standing, in a girl ten years old. When she came to me she could scarcely see. I have used sulphur 200, internally, and arg. nit. 3x locally; also acetate of lead, alum, and belladonna, and oils. When I had treated her a week an eruption of blisters appeared on several

parts of the body, for which I gave *rihus*. and afterwards arsenic.

DR. SCOTT: I have been treating a child who complained that there was a lump in the lower bowel, and suffered with a yellow leucorrhœa. I have not seen her, but from her mother's description, I believe there were ascarides. The child could not sleep, and was somewhat feverish, so I gave aconite, directing the local application of salt-water. I subsequently gave sulphur and mercurius. I would like the opinion of the members as to whether I was right in supposing that there were ascarides.

DR. RICHARDSON: The only sure proof of ascarides is to see them. I know a woman who supposes she has had a tape-worm for twenty years, and has taken all kinds of medicine, yet never had a tape-worm. Dr. Parson's nux. case recalls a case I had not long ago. A lady was suffering with asthmatic attacks, with symptoms clearly pointing to arsenic. I gave arsenic 3x with no benefit, and I gave one remedy after another for two or three weeks with like result. Finally, when she and I both had become pretty thoroughly discouraged, I gave her, in a fit of desperation, arsenic 200. I did not see her again for some time, when she came to consult me concerning her little boy. I asked how she had been herself, and she said that last medicine cured her, but liked to have killed her. She vowed I gave her arsenic, for her face and limbs swelled up and she had unmistakable symptoms of arsenic poisoning. It had been some little time since I gave a low preparation of arsenic, and it really seemed that the 200th attenuation caused the symptoms presented.

DR. UHLEMAYER. I do not doubt but what the 200th attenuation produced the symptoms. In three patients—in whom it had never occurred before—I have known sulphur 200 to produce the morning diarrhœa peculiar to that remedy.

At present, most of my cases are chronic. I have had one bad case of scarlatina. The eruption appeared last



Sunday. I gave rhus, then it seemed to be worse after sleep, and I gave lachesis; afterwards I gave apis. A hard lump appeared in the throat, and then a diphtheritic condition; the temperature went up to 106 deg. and the patient died.

In most cases of sore throat I use belladonna, mercurius or lachesis. This fall I have had but few malarial cases—not more than one where I have had eight to ten other years.

DR. PARSONS: I recently had a case of scarlatina in a family where two children were dead and two living. All the children were born with very large heads. The child of which I am to speak, had developed well after the third year, but a month ago it was taken with scarlatina. It was under allopathic treatment for a week, but got worse and I was called. There were ulcerous patches in the throat, and the head sweat so as to wet the pillow. The parotid glands were enlarged, and the other doctor had poulticed one of them, and I suppose had given mercury. An abscess had formed on the side poulticed, which discharged, on opening, two or three tablespoonfuls of pus. I gave nitric acid with an occasional dose of calcaria—I have since thought that I ought to have given the calcaria first. The throat got nearly well and the fever left, but the matter burrowed down toward the larynx, and opened in front of that organ. Matter formed on the other side, and burrowed through to the same point. The parts took on a bluish aspect, and considerable of the tissue on both sides sloughed off. About this time one arm began to be moved back and forth—a symptom for which I could not recollect the remedy—then both arms and a leg. The child passed into a coma and died. I gave calc. nitric ac, apis, arsenic, hellebore and lachesis.

DR. CUMMINGS; I have a case of paralysis following whooping cough. The right side is most affected; the jaw was paralyzed, and this to and fro movement was present in both feet, but more in the right. I gave bryonia and acetate of zinc in alternation. It has improved considerably; is now able to eat, and I think it may recover

DR. GUNDELACH: I have had a case lately, concerning which, the "Post-Dispatch" tried hard to create a sensation. (The doctor here read a lengthy article from that paper, about a marvelous child that had slept a week). It was a case of hydrocephalus, resulting, I think, from a fall about a month before. At first there was bilious vomiting almost continually, with constipated bowels. The pupils were normal. Soon involuntary motion of the left arm and leg set in, then the vomiting stopped; the coma increased; the involuntary movements were changed to paralysis, and the patient died. I gave artemisia, helleborus, etc., but nothing did any good.

W. B. MORGAN, M. D., Reporter.

Nov. 24, 1879.

*Gangrene of the Lungs.*—BY DR. P. G. VALENTINE.—This is a disease that occurs much oftener than many suppose, nevertheless it is an exceedingly rare affection. Of the two varieties, the *diffuse* and the *circumscribed*, as described by Laennec, the inventor of Auscultation, the diffuse is far less frequent than the circumscribed.

The gangrenous portion varies in dimensions from that of a coffee bean to a black walnut, and is surrounded by a well-defined line of demarkation which separates it from the surrounding unaffected pulmonary structure. Gangrene leads to sloughing in all situations, and here is no exception. The lung-substance decomposed by the gangrenous process, assumes a semi-liquified, greenish-dark, fetid mass, which generally breaks through into the bronchial tubes, and is discharged by expectoration; though cases have been known where the evacuation took place through the œsophagus, others into the abdominal cavity through the diaphragm, and still others have opened into the pleural sac. The cavity left behind after the evacuation sometimes cicatrizes and the patient recovers, and sometimes they recover and the cavity remains indefinitely, and have been found *post mortem*.

The inferior lobes of the lungs are most apt to be at-

tacked with circumscribed gangrene, and the superior with the diffuse.

*The physical signs* found in the course of gangrene of the lungs represent, *first*, consolidation of pulmonary substance; *second*, circumscribed bronchitis; and *third*, those pertaining to a cavity.

*On Percussion*, diminished vesicular resonance or dulness, over area affected. *Auscultation* reveals the respiratory and vocal signs of solidification, viz., bronchial respiration, increased vocal resonance or bronchophony, afterward moist rales, the mucous, and then the bubbling rales during the discharge of the softened mass.

Rales are caused by secondary bronchitis, and by the presence of the liquified lung substance escaping through the bronchial tubes. If the lung be inflamed around the gangrenous portion, a true *crepitant rale* may be heard.

When a communication has been established into the bronchia, and the cavity emptied, then *cavernous* signs will take the place of those due to solidification. Over the gangrenous excavation there may be heard amphoric resp., cavernous resp., gurgling and pretoriloquy.

In gangrene of the lungs the diagnosis is arrived at by differentiation, comparing it with bronchitis, pulmonic abscess and the cavernous-forming stage of tuberculosis.

As a primary affection it is rare. It occurs as a secondary affection, as a result of intemperance, and in brain diseases involving insanity, and in epilepsy and in the course of malignant fevers.

Although you may have in a case all the physical signs enumerated above, and all the rational symptoms that gangrene produces in whatever tissue it may affect, still, the diagnosis of gangrene of the lungs hinges on distinctive characters pertaining to the breath and expectoration, without which it would be impossible to decide. A remarkable fetor of the expectoration, known as *gangrenous fetor*, is the distinguishing characteristic of pulmonary gangrene. It is similar to the odor of other tissues undergoing decomposition and sloughing from healthy parts, and easily recognizable. Even the breath contains

this sickening fetor, although it is greatly intensified during the act of coughing and expectorating.

On the other hand, pulmonary gangrene may exist and may, or may not, cause death, without this peculiar fetor ever appearing in the breath. Such would be the case when the gangrenous-softened mass has perforated the pleura and entered the pleural cavity or opened into the peritoneum by perforating the diaphragm.

This disease occurs oftenest among children, next in adults and last in the senile.

*Treatment.*—Phos., ars., lach., nit-ac. ergot, (secale cor), carb. veg. and kreosote, disinfectant inhalations, etc., chl. water, permanganate of potassa.

DR. GUNDELACH: I have had several cases of this disease. I believe that cases in which the gangrene is circumscribed may recover, but cases of diffuse gangrene never.

One patient, a man 60 years of age, had the characteristic sputa, severe hemorrhages, and all the symptoms of gangrene of the lungs, yet recovered contrary to my expectation.

Two years after, during my absence from the city, he became affected again and very soon died.

DR. Valentine, in giving the symptoms, omitted to mention hemorrhage. In nearly every case vessels are destroyed and hemorrhage occurs.

Another most distressing case was that of a lady 30 or 32 years. The fetor of her breath was most horrible. It penetrated the whole house, and she often begged us to take her life to relieve herself and friends. She had severe hemorrhages for which I used iron, secale, etc., but the gangrene was diffuse and she died.

DR. BAHRENBURG: I recollect only two cases in my twenty-two years of practice. One—a lady—seemed at first to have typhoid pneumonia, but afterwards showed symptoms of gangrene. Dr. Nibelung, in consultation, advised the administration of kali chlor. I gave it strong and she recovered. The other case was a man. I tried various remedies but he died. We made a *post mortem*,

and found one lung entirely destroyed. In the pleura were two quarts of fluid that smelled dreadfully. It was a wonder to me that he lived as long as he did.

DR. BOYD: I am glad to hear that some have had better success with this disease than I have. I have had several cases and they have all terminated unfavorably.

Gangrene in the lungs is the same in nature as gangrene in any other part of the body, and is not less serious.

Rokitansky lays more stress on the septic condition of the blood. Craighey thinks gangrene of the lungs is an idiopathic disease, and is not often a sequel to pneumonia or other diseases of the lungs. Laennec gives the symptoms as Dr. Valentine has done, but the translator, Dr. Forbes, says that the pathognomonic signs are the crepitus and the characteristic fetor. Hemorrhage is an important symptom. I do not think that crepitus and the fetor are sufficient to determine the existence of gangrene. The pus from a chronic abscess sometimes smells very bad. I once had a patient who had had a constant dull pain in the frontal region for two years. He came to me and I diagnosed an abscess in the frontal sinus. He consented to an operation and I trephined over the sinus. I expected that if I found pus I should be able to catch it all in a handkerchief, but I was obliged to get a basin. At least four ounces of the pus was discharged, and the moment the opening was made the patient was easy, but the smell of the pus was as offensive as that from a gangrenous lung. The stench was so great that though the basin and handkerchief and everything which could have been touched by the pus was immediately removed, I was unable to sleep in the room that night.

In another case where I diagnosed ovarian abscess and introduced an exploring needle, the pus brought out had the same terrific smell.

I believe a similar condition may exist in the lungs, so that we may have the fetor without gangrene. Then the smell is not a pathognomonic sign. I think the only sure evidence of gangrene is the presence in the sputa of the

shreddy, broken down lung tissue. Under the microscope, this has something the appearance of bunches of hoop poles.

Pleurisy or some other disease may be mistaken for it, but gangrene of the lungs is a disease from which, in my opinion, few patients recover. Like the rings of the trachea, the lung-substance does not heal well; a line of demarkation would be slow to form.

Ergot and disinfectants I regard as good remedies for the disease, but my treatment has not been successful.

DR. VALENTINE: I did not intend to tell it all in my essay: I wished to leave something for others to say. Hemorrhage is a thing to be looked for in any sloughing process, but it does not always occur. The formation of the line of demarkation may obliterate the vessels so that there will be no hemorrhage.

As regards the origin of gangrene, anything that will obstruct the circulation, or affect the nervous supply of a part, will cause gangrene of that part.

An embolus especially, if from an already gangrenous part, might excite gangrene, or it might occur from the pressure of an aneurism.

In such a case, of course, a cure could not be expected. Incurable cases arise from some physical cause. If hemorrhage occurs, my remedy is hamamelis.

Some cases of chronic bronchitis and some cases of tuberculosis, in its last stages, may have great fetors. The pus mentioned by Dr. Boyd was decomposed; there was a true gangrene present. Gangrene of the lungs, many times, results from hepatic abscess. I have had several cases of the disease, and I have cured some of them. My main remedies have been arsenic and secale.

If after pneumonia a cavity is found, there has been either abscess or gangrene. There is no dry gangrene of the lungs, it is always of the moist variety. If the pleural cavity is opened the result will be fatal. When gangrene is not fatal, its termination is like that of an abscess. It may open into the stomach or other cavity. An abscess

may simulate gangrene but it does not have the terrible fetor.

DR. PEARMAN: I had a case of hemorrhage last week, resulting from an attempt to produce criminal abortion. The patient was quite low, having lost a great deal of blood. I gave hamamelis for about 2 hours without checking the flow, then I put 20 drops of the tincture of arnica in 1-2 glass of water, and gave frequent doses. In one-half hour the hemorrhage had considerably abated, and at the end of two hours had entirely ceased. I am anxious to know whether the arnica stoppcd the hemorrhage or not, that I may know whether to depend on it in the future.

DR. VALENTINE: It is hard to tell whether the hamamelis or the arnica stopped the hemorrhage. I think it was the arnica.

The arnica was indicated from the fact that the hemorrhage was the result of violence. Hamamelis is adapted to venous hemorrhage. In this case both arterial and venous hemorrhage were present. Hamamelis is the remedy for venous hemorrhage, and erigeron for arterial.

DR. BAHRENBURG: I have had, lately, a couple of cases of malignant ulcerated sore-throat, both in the same family. One, a girl of 6 years, had received from Dr. Frohne, cyanuret of mercury and brandy. I was called the day on which she died. Then three other children in the family were taken sick. I began treatment with nitric acid and chloride of lime, using at the same time, an alcohol gargle. For 2 or 3 days it seemed as if I might come out master, but the tonsils became deeply ulcerated. I gave kali chlor. and muriatic acid, but in one of the children it availed nothing. It got a croupy cough, and I gave inhalations of iodine and carbolic acid. The croupy symptoms left, but the child died.

I would like to know whether others have any more successful modes of treatment than I have employed.

DR. UHLEMAYER: Kali bich. might have benefited.

DR. VALENTINE: I think the treatment mentioned was the very worst that could have been used. If the patients had been mine, I should have expected them to

die under that treatment. They required nothing but the iodide of mercury, unless a gargle of alcohol.

DR. BAHRENBURG: Two years ago I had a case with almost the identical symptoms. I used iodide of mercury and it died. So I lost confidence in the remedy.

DR. BOYD: In many cases there is not time for mercury to produce its effect. Something must be used locally to stop the spread of the septic inflammation.

DR. BEARMAN: Of the two cases I have had of this disease, one seemed to be much benefited by baptisia, with alcohol locally.

DR. BOYD: I have seen cases taken sick in the morning and died before night.

DR. GUNDELACH: It is often difficult to distinguish diphtheria from malignant ulcerated sore throat. I have seen cases of diphtheria in which the membrane was all off and one would think the patients in a state of recovery, yet they would be dead in two hours.

The presence of a membrane is not necessary to the existence of diphtheria. It is a blood disease like typhoid fever.

For its treatment no one remedy is to be preferred for all cases. Sometimes, I have liked iodide of mercury; again it has failed. Nitric acid is much quicker in its action and more antiseptic. Experience shows that it can be safely relied on.

As to a stimulating diet, I think it is of the utmost importance: Some cases will get well without any remedy. No remedy should be thrown overboard, for cases may arise to which it would be adapted.

W. D. MORGAN, M. D., *Reporter.*



*INSANITY—A LECTURE.*

BY J. MARTINE KERSHAW, M. D.,

*Professor of Diseases of the Brain, Spine, and General Nervous System, in the Homœopathic Medical College of Missouri.*

[Reported by Dr. W. B. Morgan.]

GENTLEMEN :

I do not propose delivering an exhaustive lecture on insanity, but shall give a history of the subject, its divisions and sub-divisions, and illustrations, whenever it can be done, of the varieties of mental aberration. When called to testify in court where there is a question of mental health or balance, you will naturally enough be asked to define insanity. I call your attention to the following :

DEFINITION OF MAUDSLEY.—“ *A morbid derangement, generally chronic, of the supreme cerebral centres—the grey matter of the cerebral convolutions, or the intellectorium ommune—giving rise to perverted feelings, defective or erroneous ideation and discordant conduct, conjointly or separately, and more or less incapacitating the individual for his due social relations.*”

HAMMOND'S DEFINITION.—“ *A manifestation of disease of the brain, characterized by a general or partial derangement of one or more faculties of the mind, and in which, while consciousness is not abolished, mental freedom is perverted, weakened or destroyed.*”

My own definition, although manifestly imperfect, covers, I think, fairly well, most cases of mental aberration. It is as follows: A manifestation of cerebral disease, involving one or several faculties of the mind, and characterized by a general or partial derangement, either separately or together, of the intellect, will, emotions, or moral sense.

The following classifications should also be remembered :

CLASSIFICATION OF MAUDSLEY.

I. Affective or Pathetic Insanity.

1. Maniacal perversion of the affective life.
2. Melancholic depression without delusion.
3. Moral alienation proper.

II. Ideational Insanity.

1. General.
  - a. Mania.
  - b. Melancholia,  $\left\{ \begin{array}{l} \text{acute,} \\ \text{chronic.} \end{array} \right.$
2. Partial.
  - a. Monomania.
  - b. Melancholia.
3. Dementia,  $\left\{ \begin{array}{l} \text{primary,} \\ \text{secondary.} \end{array} \right.$
4. General paralysis.
5. Idiocy or imbecility.

CLASSIFICATION OF HAMMOND.

- I. Perceptual insanity.
- II. Intellectual insanity.
- III. Emotional insanity.
- IV. Volitional insanity.
- V. Mania.
- VI. General paralysis.
- VII. Idiocy and dementia.

The following conditions, departures from normal mental health, are symptomatic, to a greater or less degree, of insanity. I refer to eccentricity, illusion, hallucination, delusion, incoherence, delirium.

*Eccentricity* is shown by peculiar or odd conduct. The individual has hobbies, or does many little things that are somewhat out of the way, and people may laugh at him. Eccentricity is not insanity, but is the jumping off place, and may easily become such.

Dr. Hammond reports the case of a woman in good circumstances and occupying a good position in society who was subject to a little peculiarity which did no

amount to anything for several years, but finally resulted seriously. Her peculiarity was that she wanted as many of the articles around her as possible to be made of copper. Copper dishes on the table made her acquaintances laugh at her, but she did not care; she was able to have what she wanted, and she did so. All went along well until she one day read in a newspaper that a man by the name of Kopperman had registered at one of the hotels. She immediately conceived that there was a destiny for her in this circumstance, and went to hunt up the man with the significant name. She found that he had gone to Chicago, and followed him to that place and one or two others, before she found him. He was not prepared to reciprocate the affection of a strange woman—perhaps he already had a wife—so she was obliged to return disappointed. She became thoroughly insane and died.

Many people are eccentric all their lives without becoming insane, still eccentricity is a step toward insanity.

*Delirium* is a state of excitement in insanity and fevers. The patients can not sleep, are restless, have tremors perhaps, and an accelerated pulse. It may be mild or severe.

*Incoherence* is shown by the lack of proper relation between the words used by the patient, or between them and the ideas which were intended to be expressed.

The distinction between *illusion*, *hallucination* and *delusion* are not so well understood by many physicians as it might be. When physicians are called upon to testify in courts, as experts, upon insanity, the lawyers who imagine that they know all about these things, generally ask them among their first questions, to define insanity, illusions, hallucinations, delusions, etc., and if the doctor is not ready to do so satisfactorily, his situation becomes embarrassing. I recently saw a physician who assumed to be an expert, stumble on the definitions, of illusion and delusion. He succeeded in convincing those present that he was an expert blockhead.

A person is subject to *illusions* when he attributes sights or sounds to other than their real causes, and altogether different from those to which they would be

readily attributed by other persons in his place. For instance, if a person in this room should hear a cow bellow down stairs, and the noise should seem to him to be a steamboat whistle, while it was perfectly plain to everyone else in the room that it proceeded from a cow, he would be subject to an illusion. He hears an actual sound but mistakes the quality.

A person has *hallucinations* when he seems to see sights or hear sounds which have no existence, either in the form in which they appear to him or any other form.

If a person subject to either *illusions* or *hallucinations* is able, by appealing to his intellect, to discover his mistake, he is not insane; but if he is not able to discover his mistake, he is subject to *delusion*, and is insane.

Illusions or hallucinations may appear through any of the senses. I will relate a few cases for illustration.

Some time ago I had a hysterical patient who was subject to hallucination. She had been sick, and was still in bed, when she looked up one day and saw the figure of her father standing in the doorway. She seemed to see him distinctly for several seconds, but he was not there—was a thousand miles away. She knew her mistake, and was not insane.

To another patient, a puerperal woman, it seemed that every day at 3 p. m., the door would open, and a priest would walk in and converse with her. He even suggested some remedies that he thought would benefit her. She told him she preferred to follow my treatment. I was present during some of these visitations, and she would tell me all that occurred, but there was no priest there and she knew it. One day she told him she would become a member of his church if he would not come back any more, and he did not return.

These two cases illustrate hallucination. Another patient sent to me by Dr. W. C. Richardson, of this city, had had typho-malarial fever for several days. Her husband was greatly excited. He had had one doctor after another, until he had had about a dozen without giving any of them a chance to accomplish anything. The patient

imagined that her head was twisted 'round to one side, and that her œsophagus was stopped up as a consequence. She would not attempt to swallow anything. She was perfectly rational on all other subjects, but upon that one subject she was deluded and insane. I informed the husband that if he would permit her to be taken to the Good Samaritan Hospital, and kept entirely quiet under my control, I would treat her, otherwise I would not. He consented. She had taken large quantities of morphine, chloral and bromide of potassium, but with only slight and temporary effect. I could not get her to take a particle of medicine. The smallest quantity of medicine excited her suspicions, and she declared we were trying to poison her. Her mouth was dry and parched; her tongue was like leather, but not a drop of drink would she touch. Her husband wanted me to feed her with a stomach pump, because she was starving, and he thought she must have something to make her sleep or she would die. I did not use the pump nor the morphine, but I put medicine in the wash bowl, in the glasses and in every dish there was around her. Before long she permitted herself to be washed; her lips to be bathed, and her tongue to be moistened. I gave her arsenic 200, and afterwards phos. and lach., but I was satisfied that arsenic was the remedy, and returned to it. On the second day she began to doze, and in four or five days to eat a little. In a short time she ate and slept naturally and recovered. On the second day I gave an injection of beef tea, and had her sponged off occasionally.

Another lady brought to me by Dr. J. F. Stevens, of St. Louis, was troubled with a highly exalted state of the emotions. She, however, knew the abnormality of her feelings, and was greatly troubled over it. The idea that troubled her was that her husband and her family were not what they ought to be, and that she was much superior to them. She looked down on them, and had no affection for them. She knew the error and injustice of her thought, but, still, she could not get rid of it. I treated her off and on for some time, and there was

considerable improvement, but I finally lost track of her. I might have succeeded more completely, if I had had her more under my control.

Another, an old lady suffered with melancholy. She was continually crying and wringing her hands, and taking on in a most doleful manner. She tried several times to commit suicide, but failed. I cured her completely with aurum.

A little girl of 12 or 13 years sent to me by Dr. Mortimer Ayres, of Rushville, Ill., was afflicted with religious insanity. She had been brought up amid very religious surroundings, and they had made too deep an impression upon her. She gave herself up to what she thought were religious duties to the great neglect of other matters. She was inclined to take passages of scripture very literally, and to act accordingly. For instance, she read, "*He maketh me to lie down in green pastures, and leadeth me beside the still waters,*" and made the application to herself. She was in the habit of going out to a little puddle of water, and lying down in the grass beside it, staying there for some time.

She read, "*Examine all things,*" and did so, so effectually, that her eyes became violently inflamed. She scrutinized the minutest part of everything she handled. She also read that "*man must eat bread by the sweat of his brow,*" and nearly killed herself working to do her duty in this respect. Her piety gave her many other little peculiarities, and she was finally brought in to me from the country. She was placed with a good family, with the instruction that all hymn books and religious reading should be kept out of her way, and that the family should neither take her to church nor conduct religious devotion in her presence. I directed that she should ride and have plenty of diversion. She was tall and slender, had auburn hair, and stooped somewhat. I gave her sulphur, 200. She improved at once, and in a short time entirely recovered.

I was called, the other day, to testify concerning a case in the criminal court, of this city.

A young man by the name of Reeves had risen to be foreman of a candy factory, and married one of the girls that worked there. According to the testimony they got along very well, until he one day took a notion that his mother-in-law was trying to poison him. She probably never had any such intention. He put a detective after his wife to discover her infidelity. Finally, one day, after he had been working in the "hot-room," he ate his dinner and went up stairs to talk to his wife. All at once, as they were talking, he pulled out a pistol and shot her three or four times. He immediately hugged and kissed her and begged her forgiveness, and she returned his caresses. After he was taken to jail he became violent and was hard to manage. He walked in and out around the entrances of the cells instead of straight across, and he knocked a man down who got in his way; wanted his hair parted in a peculiar manner, and because the barber did not heartily endorse his views as to his good looks, he wanted a pistol to shoot him. He played many more pranks, but still they were nothing more than any one could contrive, if he saw fit.

The fact, however, that there was no discoverable motive for the attack, and that his character was greatly changed made a strong point in support of the insanity theory. Another strong point of the defense was that he had been sunstruck, and it is held by authorities that those who have been sunstruck never entirely recover. This I believe to be entirely true. The case was tried twice, and the best experts in the city were called in.

One important point, however, was wanting, and that was concerning the hereditary tendency to mental disease. Insanity is very apt to be hereditary; but there is this peculiarity about nervous diseases, they are quite apt to change their character in transmission from parent to child. Epilepsy, catalepsy, hysteria, neuralgia or chorea in a mother may take the form of insanity in her offspring, or the diseases may appear in reverse order. We will take the divisions of insanity in our next lecture.

## *CYSTITIS.*

---

Cystitis is an affection of the bladder.

The inflammation may be acute or chronic, and either form constitutes a formidable disease. Acute cystitis may be the result of direct injury, as in lithotomy, or it may be a continuation of inflammation of the neighboring organs; as the liver or uterus, or urethra, or it may be of idiopathic origin; or it may be the result of internal irritants, such as cantharis or turpentine.

The symptoms are: pain in the region of the bladder and urethra, stinging and burning and straining, and sometimes spasms of the bladder. Tenderness over the pubis, the urine voided very frequently and with great pain and straining. The pain is often greatest after the bladder is emptied. The urine is first clouded with mucous, afterwards with blood and pus. The whole system is involved in sympathetic fever, and spasm of the bladder may occur.

In the treatment, Homœopathic is generally successful in the acute cases. In serious and neglected cases, where immediate help is needed, a warm sitz-bath or hot cloths well wrung out and covered with dry cloths, will give immediate relief. When there is fever, *veratrum vir.* will be useful; if, however, a cold north or east wind is the cause, *aconite* would be better. Next comes *cantharis*, *cannabis sat.* *apis* and *digitalis*. Dr. Lilienthal names thirty-five medicines for this complaint which I will not repeat, however. I will name one more, *uva. ursi*, which has helped me out when others failed. Where there was spasm of the bladder so that they could not urinate, the remedy has been in my hands a catheter. I use *uva ursi* in tincture. As acute cystitis is generally easily managed with our standard remedies, I will not detain you on this subject. I would only say that I have been successful with both the lower and higher potencies.

Chronic cystitis which is very often only a symptom of some other affection, as gleet, stricture, or stone, or enlarged prostate, or some irritation of the rectum. Some-



times it is of idiopathic origin. The symptoms are quite similar to those in acute inflammation. Pain, frequent micturition, burning, straining, with mucus or pus in the urine. The mucus membrane of the bladder is thickened and congested. The muscular coat is hypertrophied, and ulceration sometimes takes place, and the kidneys are sooner or later involved. It has happened that communication has been formed by ulceration between the bladder and rectum.

In treating this troublesome affection, not much benefit may be looked for unless we can remove the cause. In stricture, the catheter or bougies will often help us out. Sometimes an operation is necessary. Stones in the bladder, if they are small enough to pass the urethra, I have removed with lycopodium nux. v. and podophyllin, or china. For enlarged prostate gland I have not been able to do much. All I have been able to do is to palliate. If gleet is the cause, that we can remove. I have cured many old, chronic cases, of years standing, by internal medicine, such as sulphur, nit. ac. eryngium aquaticum, all in first or second dilution. Some need injections. Of the many injections that are used, I think sulphate of hydrastin first. trituration is the best. Dissolve as much in water as will dissolve. This is mild and efficient. I have been more successful with this preparation than any other.

I will now relate a few cases of chronic cystitis:

No. 1. Mr. S., of this city, aged about forty years, has suffered for over a year with constant urging to urinate. Burning, straining and great pain. The urine contained mucus, sometimes pus. He was nothing but skin and bones. Sometimes he had to take opium to endure the pain. His bowels were regular, appetite fair, some pains in the kidneys. Dr. Everett, late of this city, treated him for some months with no permanent benefit. I treated him for some months with old and new remedies, with no benefit. He moved to Illinois last fall. During the summer he called again in my office. He had so changed for the better that I did not know him. He

told me that he was perfectly cured. He could sleep all night without urinating. He told me *eryngium aquaticum*, and *galium aparine* had cured him. He took them in ten-drop doses every two hours. He took the one, one week, and the next week the other. I was astonished when I saw my patient in his changed condition, and felt rather ashamed of my inability to cure him.

No. 2. Mr. N., of Warrenton, Mo., aged eighty-two, had been ailing for some years with his urinary organs. He wrote me that he had to urinate every few minutes, and the urine dripped away all the time, and it burned like fire. These were all the symptoms he wrote me. He had been treated by a homœopath with no benefit. I sent him *eryngium aquat.*, and ordered ten-drop doses until relieved. I got word twice that the medicine gave him entire relief, and he sent me another patient with the same complaint. Considering the age of the patient and the symptoms, the action of this medicine is remarkable. He only had the one medicine.

No. 3. Mr. S., of this city, aged about seventy years, otherwise healthy, but for some time had trouble in urinating; pain, burning and straining, dribbling of urine; sometimes spasm of the bladder, and could not urinate at all. I gave him *uva ursi* tincture, a dose every hour, and it gave him immediate relief. His friends often told me that the old man had a very exalted opinion of me. He had but the one remedy, which cured him entirely.

No. 4. Miss M., aged six years. Acute cystitis. The child had meningitis, and after I got her over this, she had great pain in urinating; complained of burning, straining, with fever and mucus in the urine. I gave one after another of our remedies, such as *cantharis*, *apis*, *uva ursi*, which gave temporary relief, but did not cure. Finally, I gave *encalyptus glob. tinct.*, which effected a perfect cure in a few days.

No. 5. Miss A., aged about forty, had chronic diarrhœa and inflammation of the liver; had been troubled for several months in her urinary organs; had to micturate

very often, with a great deal of pain ; burning and straining, mucus in the urine ; hectic fever ; confined to her bed ; spasms of the bladder, so that sometimes she could not urinate at all. Uva ursi gave her great relief, so that she could urinate without pain. I followed it up with eryngium aquat. which did her some good. After that I gave her nitric ac. 1st, which helped her greatly. She is up and about, and still under treatment with a fair prospect of a perfect cure.

No. 6. Mr. P., aged about forty-five, has been troubled over a year with difficulty of urinating ; pain and burning ; straining in the bladder ; ulceration in the urethra ; his urine contained mucus and pus ; hectic fever ; no appetite ; has doctored a great deal ; had some homœopathic treatment, with no benefit. I gave him for his fever, baptisia and for cystitis, eryngium aquat. He improved gradually, still his urine contained mucus and pus. After that I gave him euonymus, which helped him greatly. The urine is almost clear. He is up and about, and is still under treatment, with good prospect of recovery.

---

### *DIAGNOSIS AND PRACTICE AS AN EXACT SCIENCE.*

---

B. F. DAKE, M.D., PITTSBURGH, PA.

The science of comparative anatomy, a science that compares the anatomy of different animals, and the parts of the same animal, is so exact that it reveals to us the astounding fact that so mathematically correct is the proportion between the different parts of an animal, that from the character of a single limb, or even a single tooth or bone, the form and proportions of the other bones, and conditions of the entire animal may be inferred.

A similar and analogous exactness exists in the botanical world. Thus the naturalist is able to reproduce, from the merest fossil or specimen, if it be an animal, the

entire animal with all its minutest contour and form, clothe it with its proper habiliments, tell us of its race, genus, species, habits, food, haunts, and modes of life, even though it was an inhabitant of the primitive forests of pre-Adamite times.

If it be plant or vegetable of any kind, tell us the entire history of its organic life, even though it may have been extinct upon the earth long before the advent of man.

Thus from the fauna and flora that are yielded up to us from the fossil rocks and soil, we are able by the aid of comparative and inferential science, to accurately note the changes and conditions of the earth's surface, the kind of climate, and temperature of the times, and progress of organic life back to the era of the primitive rocks.

Such are the possibilities of exact science in one direction. And thus should it be in the field of medical science. Such is the uniformity of normal action and conditions, and such the conformity of morbid phenomena, that the close observer should be able to so compare and differentiate and infer, as to be able to accurately understand and comprehend, when he observes a symptom or foot-print of disease, just what must have been the producing conditions to have given rise to such results. And I have no doubt, that the time will come, when we shall, as a profession, be able, from a careful scrutiny of presented facts and more accurate and comprehensive knowledge of all the relations of morbid forces and action, and the consequent phenomena, to discover every departure, and understand its significance in the diagnostics of medical practice.

Why not? If the spectroscope can so unerringly reveal to us, by the kind of lights and shadows, the composition of such distant and unapproachable bodies, whose existence is only discoverable by the aid of magnifying power; if the tiny rain-drop of the ages past has been able to transmit to us, and yet on to the end of time, its remote history, so accurately, together with the direction of the

accompanying wind or breeze, simply by the form of the patter-marks in the fossil sands of so long ago, and so slight, that the casual observer takes no note, but to the scientist so significant; if the telephonic art is thus able to transmit to such extremities the individuality of the human voice, with its intonation and modulations so sensitively, we may conceive that the time may come and, perhaps, at no very distant day, when to such perfection shall the *sensitive art* be developed, that we may be able not only to read the volumeless and unwritten history of the present, but also of the extinct races whose voices may yet be floating on the undulating air.

Every emotion has its significance, every sensation its importance, every symptom its indication. And when in the fullness of experience, we shall properly understand all their relations to the possible, probable or absolutely certainly producing causes or conditions, as, no doubt, we yet *may*, then shall we next be able to apply the proper *similimum, secundum artem homœopathicum* successfully, so far as it may be permitted for human skill to extend. —[*Medical Counselor*, November.

---

### CIRCULATION OF BLOOD VISIBLE.

---

By means of a simple arrangement invented by Dr. C. Huter, the actual flow of the blood in the blood-vessels can be distinctly seen. The patient's head is fixed in a frame, something like a photographer's, on which is a contrivance for supporting a microscope and a lamp. The lower lip is drawn out and fixed by means of clips on the stage of the microscope, with its inner surface upward; a strong light is thrown on this surface by a condenser, and the microscope, provided with a low-power objective, is brought to bear upon the delicate net-work of vessels which can be seen in the position indicated with the naked eye. The appearance is at first as if the vessels were

filled with red injection. By focussing a small superficial vessel, the observer is soon able to distinguish the movement of the blood stream, rendered evident by the speck-like red corpuscles, the flow of which in the cork-screw like capillaries is said to be very beautiful. The colorless corpuscles are distinguished as minute white specks occurring now and again in the course of the red stream. Besides the phenomena of the circulation, the cells of pavement epithelium lining the lip and their nuclei can readily be distinguished, as well as the apertures of the mucous glands.

Besides the normal circulation, various pathological conditions can be observed. By a pressure quite insufficient to cause pain, the phenomena of blood stagnation—the stoppage of the flow and the gradual change in the color of the blood from bright red to purple—are seen. A momentary stoppage is also produced by touching the lips with ice, and a more enduring stasis by certain reagents, such as glycerine or ammonia. We do not share in Huter's enthusiasm of the great benefit of cheiloangioscopy, as he calls the new process, in medical practice. As a physiological study it is of course interesting, but the great nicety and precision required will prevent its use except in chronic cases.—[*Homœopathic Times*, November.

---

### *A LYING THERMOMETER.*

---

DR. SELLERBECK has described a case which was treated in the Charity Hospital at Berlin for supposed ulcer of the stomach, and in which the patient, a female, successfully imposed on her attendants for some time by simulating fever. She appeared to have temperatures reaching 39.4° Cent., with a pulse of 120, and respirations of 24, and yet nothing in her physical state was sufficient to account for them. Dr. Sellerbeck detected the imposture by observing that the highest temperatures occurred sometimes at night and sometimes in the morning, and at

last a simultaneous observation in the axilla and rectum gave  $38.5^{\circ}$  for the former and  $37.8^{\circ}$  for the latter. The false temperature was obtained by the patient, after the sister had inserted the thermometer into the axilla, taking the instrument and pushing it into a fold of her chemise, which she drew forward from behind. This fold she firmly wedged between her side and her arm, and she then twisted and rubbed the thermometer until it reached the required height. As the thermometer, however, was not a registering one she had to warm it *above* the temperature to be read by the nurse, so that the mercury might sink gradually until the moment came for the observation. Dr. Sellerbeck found by his own experiments that by the above method the mercury could be raised in one to two minutes as high as  $46^{\circ}$  Cent., that it then fell rapidly to about  $39.5^{\circ}$ , and afterwards ranged for five or six minutes between that temperature and  $38^{\circ}$ , so that the patient could be sure of appearing to be feverish when the nurse read the thermometer. Less marked results are obtained by simply rubbing the bulb of the instrument between the skin of the arm and chest. The symptoms of increased frequency of pulse and respiration in the above case were of course easily simulated after the patient had learnt during her long stay in the hospital their association with fever.—[*Hom. World*, Nov. 1879.]

---

### *TREATMENT OF PHTHISIS PULMONALIS WITH KREASOTE.*

---

DR. M. RAYNAUD publishes twenty-seven cases of phthisis pulmonalis, treated with Kreasote. His prescription is: R—Kreasote 3.50, Alcohol 125.0, Water, 125.0, to take twice a day a tablespoonful. Under this treatment (1) the expectoration diminishes, is easier, the sputa becomes more mucous. 2. The cough decreases, especially the nocturnal paroxysms; and then nearly ceases; the cough sometimes lessens before the expectoration.

3. Vomiting ceases ; appetite increases. 4. Fever gradually ceases. 5. After treating thus the patient for three weeks, the night-sweats begin to decrease, till they finally cease. 6. All physical symptoms, hinting to induration and inspissation of lung-tissue, cease. 7. Strength and weight return.

We must be very careful to use only pure Kreasote, made from wood-tar, and continue the treatment for a long time.—[*Bull. gén. de Thérap.*

---

### *ARCTUS LAPPA, OR LAPPA MAJOR.*

---

[Read at the Western Academy of Homœopathy at St. Louis, Mo., May 9, 1879.—  
BY ADOLPH UHLEMEYER, M. D.]

---

I wish to call the attention of this society to a certain remedy which at present is very little used, and, I am confident, is not considered with that respect which it deserves. I mean the burdock—*arctus lappa* or *lappa major*. In my practice it has proved itself a very important remedy in intermittent fever, so much so, indeed, that at one time during the past winter I considered it almost specific. It was prescribed in nearly every such condition, and always with the most excellent results. All these cases were chronic, that is, had been suppressed one or more times with quinine. *Case:* In one family, two children were suffering from ague, the paroxysms had been suppressed several times by quinine. The general symptoms pointing to *nux vom.* I prescribed the same, but without effect ; *Lappa major* 2d<sup>x</sup> in water, a teaspoonful every hour was ordered with the result that in one case but one paroxysm followed, and in the other none. I here ordered a solution of the 2d<sup>x</sup> a teaspoonful at a dose, to be taken every two hours, on every seventh day, for four weeks. No relapse occurred.

This spring it fails. From all evidences I should judge that it belongs to the hydrogenoid constitution, and when curative, it is probably the hydrogenoid constitution



which prevails. It shows its best effects in the leucophlegmatic constitution, as provings made upon different temperaments conclusively affirm.

FIRST PROVING.—Mrs. H., 24 years of age, mother of three children, nurses one at present, (time of proving) two months old, leuco phlegmatic temperament, mild and good hearted disposition. Took lappa major 1st<sup>x</sup> 5 drops every four hours; the next day headache set in, principally over left eye. She described it as a full pressing feeling as if the eye would be pushed out of the head, also pain in the whole frontal region. Pains worse on stooping. The headache was constant. After taking it for four days, it produced at 10 o'clock P. M. chilly sensations as if cold water had been poured over her, with continued thirst. The next day felt chilly all over, particularly, however, in the back, abdomen, chest and head; great thirst; feels as if ague would set in. The following night sweat over the entire body with the exception of the head; during sweat feels chilly. The chill is internal; body feels warm externally with the sweat. She now discontinued the medicine, being convinced by this time that it was the medicine which was causing her ailments, (I had given the medicine to her with the assurance that it would be beneficial in the crustea lactea from which her baby was suffering at the time. Here let me add that it did improve during the proving.) The next night sweat again, the next day a discharge of bright, red blood from the womb took place and lasted all day. I was called in; the lady being indignant, surprised and disgusted at the appearance of what she supposed to be her menses, and considering me the indirect cause, commenced to give me a scolding. I assured her that it was not the medicine, and, to convince her, took the bottle myself and swallowed about thirty drops. On the next day she was free from all symptoms, and was so well assured of the harmlessness of the remedy that she took all that she had left (about 60 drops) at one dose. This was followed immediately by continuous chilliness which lasted all day, with great thirst and soreness in the whole region of the

liver and severe headache in frontal region ; great pain in right shoulder, so that it was impossible to lift the arm. In the evening this was followed by slight fever and at night by sweat. Next morning she sent for me, and declaring that it was that horrid medicine that made her sick, both myself and the offending drug received many mild maledictions. She demanded something for her headache and for the pain in the right shoulder, and in the region of the liver was great soreness, she could not lie on the right side. I prescribed sach. lac. and awaited developments. Between 1 and 2 P. M. a regular paroxysm of chills and fever set in, with increase of same symptoms. This was followed by excessive perspiration, thirst during all stages. In the evening the pain in the right shoulder being extreme, I prescribed sang. 200, which relieved, and next day she was well. She does not want any more of *that* medicine.

Other provings corroborate these indications and testify to its worth in ague, especially where liver and stomach seem to be the direct foci whence the pains and trouble radiate—burning in stomach, soreness of the liver and pain under right shoulder, yellow sclerotica, great thirst, yet bad taste of water, nausea, and frequent high-colored and profuse micturition, stretchy feeling in the limbs, and worse at night, sweats, etc.

I think that I have said enough to induce you to experiment further, and as this is my only present purpose, I will not detain you with the minor details of such provings.

---

SIX MONTHS IN A WARM WATER BATH.—In a hospital in Friedrichshain, Surgeon Schede reports, in "*Homœopathische Rundschau*," November 9, 1879, two cures of bone diseases with bed-sores, by permanent immersion in warm water for long periods. A young man of 18, for general bone disease with bed-sores, was kept night and day in the warm bath for six months; and a woman of 65, with complicated fracture of the lower thigh, and large, bed-sores on the back, was put in a warm water bath, and remained for seven months. In both cases the treatment was crowned with perfect success.

## **Books and Pamphlets Received,**

**HALE ON DISEASES OF WOMEN—Sterility and Hystocia.** Second edition. Boericke & Tafel, Philadelphia and New York. 1880.

**TEXT-BOOK OF ELECTRO-THERAPEUTICS.** By JOHN BUTLER, M. D. New York. Second edition. Boericke & Tafel, Philadelphia and New York. 1880.

Both these books are revised, enlarged, improved, illustrated, and printed and bound in the best style of this great publishing house. They are worthy of the highest praise, and we cordially recommend their careful perusal.

**TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC, OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.** Third Annual Session. Lake George, June 24 and 25, 1879.

This volume, of 112 pages, will be mailed post free, by Dr. F. Park Lewis, Secretary. 230 Pearl street, Buffalo, N. Y., on the receipt of \$1. Last year's Transactions, 50 cents.

**THE REAL INSANITY OF TOY DYE.** By G. M. DIXON, M. D. Sacramento, California.

A paper prepared for the semi-annual meeting of the California State Homœopathic Medical Society.

**EMOTIONAL INSANITY.** By J. K. BAUDUY, M. D., St. Louis, Mo. Reprint from the "St. Louis Medical and Surgical Journal," April, 1879.

**BIENNIAL REPORT OF THE MISSOURI EYE AND EAR INFIRMARY,** 1304 Chestnut street, St. Louis, Mo., from January 26, 1878, to January 26, 1879. R. Gebser, M. D., surgeon in charge; Wm. A. Frazier, M. D., assistant surgeon.

**THE HOMŒOPATHIC LAW OF SIMILARITY.** An open letter to Prof. Justus Baron von Liebig. By Dr. VON GRAUVOGL. Translated from the German by Geo. E. Shipman, M. D. Chicago. 1879. Foundling's Home Print, Chicago, Illinois.

**TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY of Pennsylvania.** Fifteenth Annual Session. Held at Cresson Springs, Pa., September 2d and 3d, 1879. Mills & Bro., Pittsburg, Pa. 168 pp. 8 vo.

**THE HOMŒOPATHIC PHYSICIANS' VISITING LIST AND POCKET REPERTORY.** By ROB'T FAULKNER, M. D. Second Edition. Boericke & Tafel, New York and Philadelphia.

This is the most beautiful, perfect and convenient of anything of the kind we have ever seen. We have used no other for some years. It contains a calendar for 1880, an obstetric calendar, poisons and their antidotes, Marshall Hall's Ready Method in Asphyxia, a repertory of 80 pages, vaccination record, record of deaths, several columns for names of nurses, friends and others; also, obstetric record of ten pages, and prescription record of 126 pages—all bound in gilt-edged paper, with soft leather cover, and convenient for the side-coat-pocket.

## **Editor's Drawer.**

---

REMOVED.—Dr. S. N. Sanders, from Attica, Ind., to Frankfort, Ind.

KIND WORDS KINDLY SPOKEN. We have to sincerely thank our multitude of friends up and down our broad land, for the many kind congratulations we have received, on account of our late happy marriage.

COTTAGE GROVE, Washington Co., Minn., Dec. 13, '79.

DEAR SIR: Can you put me in communication with a good homœopathic physician, who would like a location for a good country practice? A man of good moral and religious influence in society.

Your's truly,  
L. LORING, Pastor Cong. Church.

THE "National Board of Health Bulletins" continue to arrive weekly, and are full of interest. The last number contains the report in full of the Commission sent by Congress to Havana, to ascertain the best means of preventing Yellow Fever from being imported into the United States from Cuba.

NASHVILLE, TENN.. Nov. 25.—The meeting of the American Public Health Association here last week, was largely attended. I became a member, and took part in the proceedings. We must all go in, and show that we are awake in sanitary science. T. P. Wilson and G. W. Foote were here with me. Fraternally yours, J. P. DAKE.

OUR COLLEGE MUSEUM AND LIBRARY.—Prof. Kershaw has been appointed Curator of the Museum and college Librarian and he is determined to have both a Museum and Library for the College equal to those of any other Homœopathic College. To this end, a large apartment to the east of the new Amphitheatre has been set apart, and is being fitted up for that purpose. There are some valuable specimens and curiosities on hand, and a few books and medical journals, but now hundreds more are promised. Contributions of medical journals, books, papers, maps, pictures, and specimens of all kinds are solicited, and will be duly acknowledged, and labeled with name of donor. The alumni and friends of the College are especially urged to contribute. All contributions to be sent to J. Martine Kershaw, M. D., Curator and Librarian, St. Louis, Mo.

ST. LOUIS, MO., Dec. 11th, 1879.—*Dr. Valentine*—Dear Sir: I am reported in your journal as saying, "I believe carbolic acid kills more patients than it cures." If I said that, it was a *lapsus linguæ*. I don't believe any such thing. It is a poison when injected hypodermically in large doses, and may have caused death when largely used on abraded surfaces. But Lister, as you know, has immortalized himself, and almost revolutionized surgery by his antiseptic treatment. I will also state that I think carbolic acid in hot water is essential after parturition, where there is an offensive discharge. The temperature from 100 to 105 deg. Fahrenheit, or as hot as the hand of the attendant can bear. "Young's Blind Drops," not Hunt's, p. 310. By making the above corrections you will greatly oblige Yours truly, J. C. CUMMINGS.

PROF. JOHN W. DOWLING, of 313 Madison avenue, New York, in addition to general practice, has taken up the specialty of throat, lung and heart diseases. We have heard that as a Diagnostician and Prognostician, he ranks high. As this is our *specialty*, we know what a vast field he has entered.

CHRONIC SPLENITIS CURED.—In October, 1878, Mr. C., aged fifty-six, called to see me to obtain relief for a severe pain in his spleen. On questioning him, I found that he had been a sufferer from splenitis for over ten years. His spleen was greatly enlarged, the swelling extending nearly to the umbilicus. He was a poor man, and had no means of paying for medicines, and in consequence I was led to think of something which would not cost much. I had just made some tincture of eucalyptus, which I use a great deal in curing "chills," and had the leaves still in the perculator, which were still wet with the menstruum. I gave him those leaves and directed him to put them in a bag, and wear them over the spleen, and to keep them wet with alcohol. He did as directed, and in less than twenty-four hours was relieved of the pain. In one week he called to show me that the swelling had nearly disappeared. In two weeks the trouble had entirely disappeared, and since, now over one year, there has been no indications of a return.

Wyandotte, Kas., Nov. 10, 1879.

W. D. GENTRY.

DOUBLE UTERUS WITH DOUBLE CONCEPTION.—Dr. Sotschawa, of Moscow, reports in the *St. Petersburg Med. Woch.*, January, 1879, the case of a woman, aged 26 years, who called him on account of a hemorrhage occurring during a third pregnancy. On examination he found two distinct vaginas, each one terminating in a uterus. The finger passed readily through the first of these, and he found an ovum presenting: the uterus seemed to correspond to about the second month of conception. The vagina of the other side (right) was narrower, but the neck could be reached, and appeared to belong to a uterus of three months. The hemorrhage had its source in both uteri, and in consequence was considerable; an embryo of one month was extracted with the finger from the left uterus, and three days later a foetus of three months was extracted from the right uterus. The author observes that this case is not only remarkable for its rarity (only thirty cases being on record) but also because it is a proof of the possibility of superfœtation.

A CASE OF EMPYEMA IN WHICH PORTIONS OF THE RIBS WERE EXCISED.—At a recent meeting of the Clinical Society of London (*Med. Times and Gazette*, October 18, 1879) Dr. F. Taylor read a paper on this subject. The patient was a child, aged six, who was admitted into the Evelina Hospital in January, 1877, with a history of acute pleurisy eleven weeks previously. The left chest was shrunken, and dull on percussion posteriorly, with deficient breath-sounds, and some crepitation at the base in front. The temperature was at first nearly normal, but after a time it fluctuated considerably, often rising in the evening to 103° Fahr. As this continued, and the physical signs were confined to the base of the left chest, this was explored on April 16, and pus was found. The chest was then incised, and about ten ounces of pus were discharged. Tubes were inserted, and the chest washed out daily. On May 20 a counter-opening had to be made, but by the

end of June very little real progress had been made, as the sinuses rapidly closed, and thus the pus secreted was retained. On July 2, Mr. Howse made a T-shaped incision through the skin round the existing aperture, and after separating the periosteum, removed with the bone-forceps portions of the seventh, eighth, and ninth ribs. Each portion was about an inch and a half long. The thickened pleura was then cut through from the sinus, and two drainage-tubes were inserted. The immediate improvement was decided, but the wound rapidly filled up, and in a short time the sinus was reduced to a channel no bigger than it was previous to the operation. From this time nothing further was done by operation. The pus continued to be secreted, and its retention was quickly followed by hectic symptoms. Albuminuria was discovered in September, 1877, two months after the operation; anasarca developed later, and there was frequent diarrhoea, so that she sank from the internal complications in October, 1878. At the post-mortem examination the empyema was found to occupy chiefly the posterior part of the chest, reaching from base to apex. The lung was airless except at the apex. There was no tubercle. The sixth, seventh, and eighth ribs were united by bony bridges. The liver, kidneys, and intestines were lardaceous, and there was recent acute peritonitis. The operation performed in this case permitted more falling in of the chest than would otherwise have taken place, but did not facilitate the drainage so much as was desired. This was due to the rapid development of granulations and bone, which took place after the operation, the opening being quickly reduced to a narrow sinus. In another case it would probably be advisable to remove the periosteal tissue much more freely, even if it necessitated also the removal of the thickened pleura. The large opening thus obtained would also allow more complete exploration of the smaller cavities, apparently distinct from the main cavity, such as were found in this case at the time of the operation.

**SUPRA-ORBITAL NEURALGIA CURED BY NERVE-STRETCHING.** — Dr. Kocher relates, in the "Correspondenzblatt fuer Schweizer Aerzte," November 11, 1879, the case of a man aged 32, who had for seventeen years suffered from neuralgia of the right supra-orbital nerve. The attacks, at first rare, afterwards became more frequent, until at last there were only brief intervals of freedom from pain. All the ordinary therapeutic measures had been tried for years without success. Dr. Kocher laid bare the nerve and three of its branches by an incision along the upper border of the orbit, and stretched it forcibly by means of an aneurism-needle passed under it. The healing of the wound was attended with abundant suppuration. From the moment of the operation, the patient was free from pain, and the neighborhood of the supra-orbital nerve was anæsthetic. The patient was last seen three months after the operation; he had had no return of the pain; sensation was diminished over a space ten *centimètres* in extent, but was otherwise perfectly restored. After neurectomy, paroxysms of pain are usually observed during the first few days after the operation. As these were absent in the present case, Dr. Kocher concludes that the lesion of the nerve is less when the nerve is stretched than when it is divided. The value of nerve-stretching as a substitute for excision will be greater in neuralgia of the second and third divisions of the fifth nerve, as here a much smaller wound will suffice.—*British Med. Journal*, Oct. 18, 1879.



## **Names of Advertisers in the Review.**

---

**THE NEW YORK PHARMACAL ASSOCIATION**, 10 and 12 College Place; Lactopeptine; second page of cover.

**TROMMER'S EXTRACT OF MALT**, Fremont, Ohio; 2 pages.

**UNIVERSITY OF MICHIGAN**, Ann Arbor, Michigan. E. C. Franklin, Dean.

**A. M. LESLIE & Co.**, St. Louis, Mo., 319 North Fifth street; Surgical and Dental Instruments.

**J. A. POZZONI'S COMPLEXION POWDER**, St. Louis, Mo.; 607 North Sixth street.

**LUYTIES' HOMŒOPATHIC PHARMACY**, St. Louis, Mo.

**PULTE MEDICAL COLLEGE**, Cincinnati, Ohio; J. D. Buck, M. D., Registrar, 305 Race street.

**ALOE & HERNSTEIN**, 300 North Fourth street, St. Louis, Mo.; Surgical Instruments and Physician's Supplies.

**CASWELL, HAZARD & Co.**, Manufacturing Chemists, New York; Mensman's Peptonized Beef Tonic.

**WM. WARNER & Co.**, 1228 Market street, Philadelphia; Ingluvin, a Powder Superior to Pepsin of the Hog.

**HANCE BROS. & WHITE**, Manufacturing Chemists, Philadelphia; St. Louis depot, Raboteau & Co., 714 North Fifth street.

**J. MARTINE KERSHAW**, M. D., Fourteenth and St. Charles, St. Louis; Diseases of the Spine, Brain, and general Nervous System.

**WM. C. RICHARDSON**, M. D., 615 Locust street, St. Louis, Mo.; Obstetrician and Gynaecologist.

**MILWAUKEE HOMŒOPATHIC PHARMACY**, 171 Wisconsin street, Milwaukee, Wis.; Lewis Sherman, A. M., M. D., Proprietor.

**ORTHOPRAXIC INSTITUTE**, 1402 Olive street, St. Louis, Mo.; for treatment of Spinal deformities; E. A. Griveaud, M. D., Surgeon in charge.

**JOHNSON'S COMMERCIAL OR BUSINESS COLLEGE**, 212 North Third street, St. Louis, Mo.

**CHAS. SCHLEIFFARTH**, 608 North Fourth street, St. Louis; Trusses, Supporters, Shoulder Braces, Artificial Limbs, etc.

**COW-POX VIRUS**, from Missouri Vaccine Farm; R. M. Higgins, M. D., Manchester, Mo.

**ADOLPHE UHLEMAYER**, M. D., 1411 Salisbury street, St. Louis, Mo.; Chronic Diseases a Specialty.

**E. A. GRIVEAUD**, M. D., 1402 Olive street, St. Louis, Mo., Surgery and Diseases of Women a Specialty.

**PHILO G. VALENTINE**, A. M., M. D., 1308 Chouteau avenue, St. Louis; Throat and Lung Diseases a Specialty.

**HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA**, A. R. Thomas, M. D., Dean, 1628 Locust street, Philadelphia.

**NEW YORK HOMŒOPATHIC MEDICAL COLLEGE**, John W. Dowling, Dean, 313 Madison avenue, New York.

**BOSTON UNIVERSITY SCHOOL OF MEDICINE**, I. T. Talbot, M. D., Dean, 66 Marlborough street, Boston, Mass.

**HAHNEMANN MEDICAL COLLEGE AND HOSPITAL**, of Chicago, Ill.; T. S. Hoyne, M. D., Registrar, 817 Wabash avenue, Chicago, Ill.

**IODIA, ALTERATIVE UTERINE-TONIC AND APERIENT**, Prepared by Battle & Co., Chemists, 100 South Main street, St. Louis, Mo.

**HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI**, St. Louis, Mo.; Twenty-first annual session; G. S. Walker, M. D., Dean, 2809 Washington avenue; Philo G. Valentine, A. M., M. D., Registrar, 1308 Chouteau avenue.

**DUNCAN BROTHERS, HOMŒOPATHIC PHARMACY AND PUBLISHING HOUSE**, Chicago, Ill.

**HOOICK'S FOOD AND DRY EXTRACT OF MALT**, Racine, Wisconsin. **CHICAGO HOMŒOPATHIC COLLEGE**, J. S. MITCHELL, Chicago, Ill.

**MALTINE, REED & CARRICK**, New York, 4 pages.

**GEO. STINSON & Co.**, Portland, Maine.

**DRS. WALKER & EVERETT**, Denver, Col.

**I. D. FOULON**, Atty, St. Louis, Mo.

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., JANUARY 15, 1879.

NUMBER 11.

---

## CORRESPONDENCE.

---

MR. EDITOR :

I enjoyed much the reading of the extensive extracts from the proceedings of the St. Louis Homœopathic Medical Society in the Nov. No. of the *Clinical Review*. The discussion gave evidence of aptitude and ability in the men of our ranks, and showed them able to deal pointedly as well as scientifically with important questions, without making special preparations "before hand." This readiness to grapple with emergencies that daily present themselves in an active practice reveals to our opponents the fact that Medical science is no longer cloistered, or held within circumscribed limits ; but that all who give to the "Healing Art" patient study and earnest devotion, can discuss therapeutics intelligently. The unstudied discussion regarding *some* of the papers have been truly excellent ; so much so, that time for mature reflection could have scarcely improved them. But it is true that "there are exceptions to all rules," and to me it seems to be so in this case. I refer especially to the paper read by Dr. Terry on "Abortion." Of the paper entire we can form but an inadequate idea, as the *Review* furnishes no clew to its purport beyond the recommending of "injections of starch and laudanum," and the discussions are so limited and vague concerning it that very little of practical import can be gleaned therefrom. Why is this? Is the



society not so well informed on this as on other subjects? Or are the doctors afraid to express their views, and relate their experience on this all-important matter? The question of "criminal abortion" is now squarely before the people and the medical profession ought to be prepared to meet it and suggest a remedy. Educated and intelligent people, including even ministers of the Gospel and "pillars" of the church, are now seeking a means to limit their offspring and are willing to make great sacrifices in order to be able to regulate the number of their children according to their incomes, and other conditions such as heredity, &c. &c.; and unless science furnishes a safe prudential, humane and rational birth-restrictor the business of the abortionist will continue to increase and that in defiance, too, of all legal enactments. Nor is this all; without such a check upon reproduction known to the people generally, those who should propagate will continue to regulate this matter by abortion and other vile practices, while the ignorant, the vicious, the poor and the truly pious believers in the scriptural injunction, "be fruitful and multiply," will continue their favorite amusement, and exercise their wonderful gift for increasing a worthless and pauperized population.

However, I did not start out to write an essay on the still unsolved problem of how to have fewer children and infinitely better ones, but to review briefly the discussions that followed Dr. Terry's paper, and perhaps add a few hints gathered from my own practical experience in the treatment of upwards of two hundred cases, of which number at least seventy-five per cent. were purposely induced. If it were deemed necessary, I might here explain satisfactorily why it has been my lot to treat so large a number of such cases without becoming *particeps criminis*, but that has no connection with what I have to say.

When labor is induced by artificial means, theoretical speculation wearing the garb of science may just as well step aside in the outset, for all the good it can accomplish, and allow nature to carry on her process unham-

pared. Warm water, sitz-baths, copious injections of warm water with such remedial agents as are known to produce contractions of the fundus of the uterus, will invariably hasten a successful delivery, unless the patient has received injuries from the hands of some bungling operator. When labor is induced by medication or some other exciting causes, known or unknown, and abortion is to be averted, the case must be treated upon the principles of *Similia*, but experience urges me to say that *Apis*, the remedy suggested by Dr. Bahrenburg, can do us no service. Morphine, as he says, in very small doses, where there is great nervous excitability, has often, in my experience, proved very effective when interpolated with the remedy indicated; but *veratrum vir.*, in the place of *secale*, as the doctor claims, may do in theory to secure expulsion, but it will not respond in the practical application.

When the placenta is retained "no considerable trouble or anxiety," as Dr. Sanborn puts it, need be entertained, as this is a very frequent occurrence. In cases of adhesion I have known it to require days and even weeks before the placenta was entirely expelled, and no *trouble or anxiety* was experienced. Dr. Uhlemeyer's case, in which the pains were so violent that he *even* resorted to chloroform to mitigate them, and without avail, presents nothing new or strange, since chloroform never does stop pains but rather increases them, unless pushed beyond the limits of safety. To prescribe, as the doctor says he did, in an alarming case *viburnum prunifolium* when, as he confesses, he did not know much about its value in threatened abortion, is not very safe practice, and as he now considers this remedy "nearly a specific," we may almost infer that *stumbling* is about as safe sometimes as *science*, and as regards his claims to *Sabina* being indicated in the *third month*, it is quite reasonable to infer that he is about as certain in this particular as he was when he first prescribed *viburnum prunifolium*, besides such vapory theories are not susceptible of reduction to practical experience.

Dr. Edmonds speaks as one having had experience in such cases, and it is only necessary to add that if there is nausea with hemorrhage, *ipecac* is, in the language of Dr. Uhlemeyer, "nearly a specific," and that there need be no doubt even in the first month of pregnancy that the embryo has been expelled, for it can readily be distinguished from a blood clot by dissolving the clot in water, even the next few days after conception.

The case spoken of by Dr. Terry that "scared him so badly" because the patient "was nearly dead and so emaciated," and to whom he prescribed "*aconite* and *ars.*," with notable improvement, might have been an example of successful treatment if he had prescribed *cinchona* and beef tea in lieu of the *aconite* which had nothing whatever to do with the case.

If Dr. Parsons had told us in what doses he administered the *Apis* and *Rhus* we might form an approximate idea as to "whether the remedy or the erysipelas caused the abortion."

But it is not at all probable to suppose, as he does, that the remedies caused it, unless he prescribed them in ponderous doses, since neither *Apis* nor *Rhus-t.*, exert any decisive influence over the contractile muscles of the uterus. That cases, as he says, abort habitually at the same period of gestation is an established fact in my mind, and that many such cases could be brought to full term if properly managed, I have every reason to believe. I have now a patient who is the delighted mother of a fine child seven months old, who aborted five times in close succession, about the middle of the third month. During the last time of her pregnancy she was confined in her room the whole of the third month, on light diet, with pleasant but non-excitant surroundings. Sexual intercourse was emphatically forbidden, for it has been established beyond a doubt in my experience as well as that of others, that sexual indulgence is the exciting cause of abortion in a very large proportion of cases, especially in highly nervous temperaments. The patient also received daily one powder of *caulophyl* 2<sup>x</sup>. After the expiration of the

third month she resumed her usual avocation and continued them up to the day of her confinement.

From the tenor of this discussion it seems that our St. Louis brethren all agree upon one point, and that is that the hips of the patient should be raised in all cases wherein abortion is to be averted. Whether I am charged with stupidity or not, I must confess I have never yet been able to comprehend the theory advanced, that we must look to natural philosophy for aid in averting abortions in cases of premature labor, and that the force of gravity exerts a decided influence in the retention or expulsion of the foetus from the uterus. I have always been actuated by the impression that through physiological and pathological conditions these functions were performed. My experience as well as common sense, which by the way, is an indispensable commodity in the practice of medicine, teaches me that nothing so disturbs the tranquillity and composure of the patient as to be compelled to lie in a fixed and uncomfortable position. Impress the patient with the necessity of tranquility of both *mind* and body, and allow her to naturally choose her own position if you do not wish to hasten an abortion.

Mr. Editor, it strikes me that the most important points of inquiry to the practical healer—are how far can premature labor progress till it reaches that point where it cannot be arrested, and what are the best means of arresting? How can we prevent convulsions, and how can we arrest them if they have already siezed the patient before our arrival? And, also, what should be the after treatment? To establish a line of demarcation between where we should cease our attempts to arrest pain and direct our efforts to accelerating labor, is perhaps a thing that cannot be definitely settled except in cases where a rupture of the placenta has taken place, and in many cases this cannot be ascertained to a certainty. I have seen cases where but the very faintest disturbance existed in the uterine region, and an examination would reveal no change in the uterus, and in which abortion resulted in a few hours; and on the other hand I have made

call after call, witnessed the most agonizing pain with a relaxed os watery discharges, and sometimes copious hemorrhages, and in a day or so all disturbance yielded down and the patient went to full time. Thus it will be seen that a decided opinion cannot be given in any case. What then is the most prudent way of procedure, both for yourself and patient? I would say in all such doubtful cases, pretend to make a rigid examination of the condition of the uterus, and inquire minutely concerning the patient's health, etc. Then inform her in all seriousness that her case is just at the critical point where no positive diagnosis can be made, and that your prescriptions and directions will be of such a nature that pain will be quieted, unless matters have progressed beyond *certain limits*, and that the remedies taken will facilitate and hasten the abortion, providing the aforesaid "certain limits" had been reached, and that in such an event abortion could under no circumstances have been prevented.

The remedies most frequently called for in connection with the method here suggested are *Bell.*, *Nux. v.* *Secale* *Caulophyl.* *Ustilag. mad.*, *Macrotin*, *Puls.* *Podolph.* *China* and *Morphia*.

Convulsions in induced labor are not uncommon. This may be accounted for by adding to the usual causes producing such convulsions the realizations of the crime committed, anxiety and fear of death, &c. &c. I have frequently controlled these convulsions when paroxysmal, with *Bell.* or *Strychnia* and an impression upon the mind of the patient that she is perfectly safe in my hands. Full confidence in the physician under such trying circumstances will have much to do with the case. It is well known that there is much greater cause for alarm when the attacks grow longer and the intervals between them shorter, especially is there cause for alarm when prostration sets in and pain decreases between paroxysms. Should such a condition continue to grow worse, prompt and decisive attention is demanded. *Chloroform* is here the only hope, and as soon as the patient is fully under its influence the foetus should be removed by artificial means without delay, or death may ensue in a very few hours.

As abortion is an abnormal process, it is self-evident that greater skill and more caution is required to conduct the after treatment successfully than in cases of confinement proper. Ordinary cases however need nothing but rest, and should have that until all uterine irritations and tenderness across the back and abdomen have disappeared. If this rule is not observed prolonged watery leucorrhea, prolapsus and general debility are often the results.

In active hemorrhage *Secale* and *Gels.*, ten drops in one ounce of water separately prepared, and given alternately in teaspoonful doses at short intervals, and a cold compress over the abdomen, will seldom fail to accomplish the desired object. Never use artificial means to remove the placenta.

Since the line of practice here indicated and adhered to by me for over ten years I never had any serious trouble. I have lost one case of convulsions before I understood the proper use of *Chloroform*. Another patient died who walked five miles through slush and snow the second day after delivery. The country physician who attended her reported the case as having died of *Enteritis*, and he ought to know. D. H.,

Indianapolis, Dec. 16, 1879.

---

## *CROUP DIFFERENTIALLY CONSIDERED —CHLORAL HYDRATE, ETC.*

---

BY ALLEN MOTT KING, M. D., ST. JOHNS, NEW BRUNSWICK,  
CANADA.

I would call attention to a very prevalent belief, held by many medical men, that genuine croup is always attended, nay produced, by the formation of a false membrane, either in the larynx or trachea.

I started out in my professional career fully impressed that this was the correct pathological condition, and invariably formed when death had occurred from croup; and it was some years before I became convinced, from my observations, that children frequently have croup and die

from it where no membrane of any nature, except an exudation of mucus, was present.

Our opportunities for post mortem examinations in case of death from croup are very few in private practice, as the friends are naturally averse to having their little ones disturbed after death. But in searching through the few records at my command of post mortem examinations where death has ensued from croup, *pure and simple*, I have failed to find satisfactory mention made of the discovery of a false membrane, such as I was led to believe formed in every case of croup.

I will later on speak of cases where we invariably have the exudation, and it is to establish to some extent a more correct differential diagnosis between the two conditions that I am induced to pen this article.

At this season of the year, in our northern climate, we are constantly meeting with cases of sporadic croup, or, in other words, an inflammation of the mucus membrane of the larynx and trachea. In the more severe cases we have considerable swelling caused by effusion into the sub-mucus areolar tissue, accompanied with secretion of stringy, often thick, tenacious mucus. The chink at the outlet of the larynx becomes smaller. The larynx and trachea are made narrower by the extremely congested state of the lining membrane. The same effusion into the sub-mucus tissue in other parts would produce no serious consequences; but occurring here, the danger becomes indeed imminent. Every moment, in fact, the case becomes more alarming; the breathing grows more and more difficult; respiration more and more diaphragmatic; the lips assume a bluish hue; the face grows pallid and anxious; the lungs become congested by an insufficient supply of oxygen; the dyspnoea, which has been permanent, now becomes spasmodic; the child grows very restless; no sooner has he been laid upon the bed than he begs to be taken up, immediately to be put down again; and thus the heart-rending disease progresses, until death by suffocation closes a painful scene, alas, too familiar to all of us. This suffocation, Steiner to the contrary, has not



been produced by the formation of a false membrane, but simply by the inflammatory swelling and effusion into the sub-mucus areolar tissue. Nor do we find the inflammatory process confined to the larynx and trachea alone, but sometimes extending to the larger bronchi, though the tendency of this disease is rather upward, thus making the chances of relief more doubtful where treatment has been delayed.

A correct history of the attack should be carefully inquired into in every case, as this will greatly facilitate our diagnosis, and largely enable us to decide whether we have to deal with laryngeal croup or the diphtheritic form in which the false membrane is always present.

We generally find that, a few days previous to the attack, the patient had taken cold, but very little was thought of it, as he was able to play around. There had been little or no lassitude and very slight fever. True, there has been a huskiness of the voice, and at times a shrill, barking cough; but up to a few hours, perhaps, before being called in, there had appeared to the parents or friends no particular cause of alarm. But to the practiced ear there are unmistakable symptoms of danger—the peculiar cough; the deep, stridulous breathing so pathognomonic of croup. High fever and extreme dyspnoea, and many or all of the symptoms before mentioned are possibly present. The case is evidently one of ordinary non-membraneous croup, but in order to make our diagnosis clear beyond doubt, we make an examination of the throat and fauces, where we find no signs of exudation present. Thus the history of the case, along with close attention to the general physical lesions, and a careful examination of the throat, establish beyond question, no matter how severe the case may be, that we have present the catarrhal form, and that our remedies must be given to reduce the congested, swollen state of the lining membrane of the great air passage, and not for the purpose of removing a false membrane, as we once supposed necessary to cure our patient.

Now let us, as concisely as possible, point out the train of symptoms which present themselves in the membra-



nous or diphtheritic form of croup. It may be asked: "Do the two diseases require a different treatment, so as to make a differential diagnosis of importance?" I answer, yes; it is of the greatest importance that we should settle in our mind at as early a moment as possible whether we are to prescribe for the catarrhal form or the diphtheritic, as the treatment, as I shall endeavor to show, widely differs.

When we have the exudation present, we will find a different set of symptoms from those mentioned in the laryngeal form. For some days, probably, before the medical man is called, the patient has complained of feeling tired; he has shown a disinclination to play. There has been considerable fever present, but *little* or *no* cough; and the cough, if present, is not, so far as I have observed, of the same husky, metallic character as in the catarrhal form. Later on the patient, if old enough to tell how he feels, will complain of stiffness and soreness of the neck and throat; he becomes more and more depressed, complains of feeling chilly, and "hugs the fire." He frequently puts his hand to his forehead, and says his head aches. Now the disease has fairly fastened itself upon the throat, the cough has become "croupy," and all the symptoms present in the non-membranous type are now developed. After carefully noting the history, we explore the mouth, uvula, tonsils, and pharynx, and find on some of these parts the characteristic exudation, formed to a greater or lesser degree. We are no longer in doubt as to the true nature of the disease. We have before us one of the most formidable maladies known to mankind; a malady that most of us would willingly resign the responsibility of treating; for we well know that, notwithstanding the wonderful success that usually attends the action of drugs when homœopathically prescribed, in diphtheritic croup, up to the present time, we are almost helpless to save our patient when the membrane has once fastened itself upon the larynx and trachea. I have treated over three hundred cases of the disease, and in spite of the best known methods of our

art, the mortality has been large. We have here a disease clearly *per se*. It is not only dangerous from its position, which may rapidly produce death by suffocation, but we have to deal with an almost indestructible membrane, composed of numberless *bacteria*, which, on becoming reabsorbed, produce the alarming symptoms of blood poisoning. It is true, membranous croup rarely progresses so far as to permit of reabsorption, as it generally terminates life before this stage is reached.

Of course we will meet with cases where, from the advanced state of the disease when we are called in, and from the extreme irritability of the little sufferer, we are unable to explore the throat; and I am satisfied we have cases of diphtheritic croup where there is no false membrane visible to the eye. A few years ago I saw a beautiful child of five years die of croup where no exudation, from the most careful examination, could be discovered during life. But the case was beyond question diphtheritic, as established by the premonitory symptoms, and the fact that two of his brothers were ill with diphtheria when the little fellow was seized.

The absence of the false membrane on the tonsils or pharynx, together with the apparently sporadic character of the attack, often make the diagnosis more obscure between the laryngeal and diphtheritic types, but the obscurity is more apparent than real; for, as a general rule, we have the almost unmistakable history of the case to guide us. On the one hand, laryngeal croup is purely a local complaint, with little, if any, constitutional disturbance. The patient, possibly up to the moment of our visit, has been playing around the room! True, we may have the same characteristic expectoration as in pseudo-membranous angina, but there is the spasmodic dyspnoea, with increasing paroxysms of croup, the husky voice, and the tendency of the disease to spread upward. On the other hand, in membranous croup we have the premonitory symptoms—the shivering; the general malaise and fever before the croup commenced; the usual soreness and, perhaps, swelling of the throat; and, at

the time of our visit, the more or less marked constitutional symptoms.

Catarrhal laryngitis, or ordinary croup, is dangerous only from its position. Diphtheritic or membranous croup is dangerous both from its position and the tendency of the exudation to spread downward, and the liability of reabsorption taking place, even when we have apparently relieved the croupal symptoms.

*Treatment*—Delays are generally dangerous, but in either form of croup they may prove fatal. As we are usually admonished by our professors of midwifery to "Go with obstetric haste," in all cases of confinement, I would give the same advice in croup. See your patient at the earliest moment possible.

In the laryngeal form the first thing to be done is to place your patient in the best position for recovery. Have him undressed and put to bed between blankets in a flannel night dress. Rest is a very necessary factor to the case. Then see to the temperature of the room; have all drafts closed, a brisk fire made in the stove or grate, and as rapidly as possible raise the temperature to 75 or 80 degrees Fahr. Have the tea-kettle placed upon the fire with sufficient water to allow the steam to pour out copiously from the spout when boiling. An india rubber flexible tube carefully fitted over the nozzle of the spout and brought in careful proximity to the sufferer's mouth, greatly increases the usefulness of this steaming process. But on no account should any medicinal substance be added to the boiling water; a pure, moist atmosphere is the object desired. The soft vapor acting upon the swollen mucous surface is a very important agent in the reduction of the same.

I prefer hot fomentations to the cold pack; I consider them safer, and of late years have invariably employed them. I am aware that many will not agree with me on this point. Steiner, in Ziemssen's Cyclopædia, strongly recommends cold in the "form of frequently changed cold compresses about the neck," and even speaks favorably of the cold baths advised by Bartels; and, while I

do not deny the advantages that may at times accrue from this antiphlogistic plan, in my own practice I have had more satisfactory results from the employment of flannels or sponges wrung out in as hot water as the patient can bear. So far as the internal treatment is concerned, unhappily I must admit I am able to throw little, if any, new light upon its therapeutics. In the inflammatory stage, or better, in the stage of invasion, we have no remedy that compares with *Aconite*. The potency must be a matter of personal experience.

I prefer the low attenuations, and often in urgent cases prescribe the crude drug. In *Aconite* we find our most powerful weapon throughout the treatment of laryngeal croup. Next in order I have found the best results from *Spongia Bryonia*, and *Phosphorus* administered at the first decimal potency every fifteen minutes, or even oftener in extreme cases. In the use of *Tartar emetic* I have found little or no service. In the higher triturations it has seemed inert, and in the lower I have noticed it produced a marked diminution in the patient's strength. Before speaking of what may be considered as a last resort—tracheotomy—I would call attention to a drug which has been employed empirically by both schools of practice in England, namely: *Chloral hydrate*.

My experience with the drug in croup has been very slight, but Dr. John Barclay mentions several cases where all chance of recovery seemed removed, that were saved by the administration of *Chloral*. "Before the *Chloral* was given," he observes, "the respirations were from 60 to 70 per minute, the pulse varying from 144 to 156, and weak; the dyspnoea was extreme, and the voice and cough now close and dry. Within two hours after the first dose, great relief in the breathing was observed, the child slept half an hour at a time, the respiration and the pulse fell a little, and, what was more curious, a very copious exudation of mucus began in the larynx and trachea. Indeed, so great did this become that it was necessary to raise the child every half hour, when a little water or sherry was given to produce a cough, by which the air passages were

cleared of the mucus. \* \* \* Gradually the pulse fell and the respirations became slower, till at the end of twenty-four hours the former was only 108 and the latter 30. This treatment was persevered in forty-eight hours, after which milk and sherry only were given. The recovery was slow but steady."

The dose advised is one grain for each year of the child's age, and administered every six hours. In apparently hopeless cases it is certainly worthy a trial, more especially since the present state of our strictly homœopathic therapeutics in croup is far from encouraging. Now, with regard to tracheotomy, the profession seems divided upon its merits. In nine operations under my notice it failed to save life, but was instrumental in giving ease to the little sufferers.

If it is to be performed, it should not be deferred until the patient is poisoned with carbonic acid, and, I believe, where it is resorted to early enough, more uniform success is obtained. Steiner says the time to operate is in what he calls the beginning of the third stage, the so-called stage of asphyxia; but it seems to me that there is considerable risk in waiting until this stage is reached, as the rapidly congesting lungs may cut off all chances of success. I prefer to operate before so extreme a condition is present. But the great difficulty in the way of tracheotomy is the opposition of parents. I have many a time seen some bright boy or girl suffocated when I believe a timely opening of the windpipe might have saved his or her life; but the mother, or father, or both, would sooner let their child die than try so harsh a resort.

The management of diphtheritic croup differs from laryngeal, inasmuch as we have to treat a constitutional disease, of which the false membrane is only one phase. Our treatment must be essentially the same as ordinary diphtheria. The croup is produced by the presence of a foreign body in larynx or trachea, and its removal can only be effected by a treatment that will act specifically upon the disease itself—and here, unfortunately, we must confess our helplessness. Some years ago I flat-

tered myself that, with the *Biniode of mercury* and *Permang. potass*—the one internally, the other applied to the throat locally—I could cure most any case of diphtheria or diphtheritic croup that might come under my care, but a more extensive experience has since convinced me of the folly of my confidence. The literature of the treatment of diphtheria is wonderfully voluminous, and as wonderfully useless when put to the test; and we feel surprised that scientific men (and all medical men should possess a scientific education) have been rash enough to rush into print to advocate remedies that are in most cases worse than useless, as precious time is lost in trying them. Notwithstanding the want of success that has often followed the administration of the *Biniode of mercury* in my hands, I am satisfied that, up to the present time, it is the best general internal remedy we have.

The next most important remedies we have are *Alcohol* and diluted *Chlorine water*. From the experiments of Oertel, these two substances produce the most marked effect upon the micrococci. I have found that port wine, either alone or combined with the *Chlorine*, is the best form to administer *Alcohol*; and it is a matter of surprise often the large quantity of this wine that may be consumed by a diphtheritic patient without producing any sign of intoxication.

I notice that some of our writers tell of the wonderful results obtained from *Lac. can.* 100,000; even one dose curing a most "frightful case!" Others speak of *Bell.*, 100,000, and *Sac. lac.*, in a single night relieving a most alarming attack. I gave two years ago the so-called *Lac. caninum*, C. M. and 1 M., whatever these mean, a fair trial in several of my worst cases, but I failed to obtain the slightest satisfactory result; and I obtained, through a friend, the medicine and full directions from Dr. Swan himself. So far as the administration of the *Kali permang.* is concerned, I have of late years come to doubt its efficacy in the treatment of diphtheria or diphtheritic croup. I have given the hypodermic injection of the *Kal. permang.*, as advised by Dr. Okie, in two hopeless cases

without any effect. The chief value of this remedy is that it removes the very disagreeable fetor in malignant cases.

A specific remedy for diphtheria has yet to be discovered, and the physician who shall discover it will be considered one of mankind's greatest benefactors.—[*Hom. Times*, Dec. 79.]

---

### *THE DIVISIONS OF INSANITY—A LECTURE.*

---

BY J. MARTINE KERSHAW, M. D., Professor of Diseases of the Brain, Spine and General Nervous System in the Homœopathic Medical College of Missouri.

GENTLEMEN :

Adopting the classification of Hammond, I call your attention, to

*1. Perceptual Insanity.*—In mental derangement of this kind, the perceptual faculties are at fault and as a consequence, the patient is subject to illusions or hallucinations, or both. The illusions and hallucinations may have reference to one or more of the senses. The sight and hearing are commonly the senses at fault. The false perceptions are, however, readily corrected on an appeal being made to the intellect. This is not a dangerous kind of insanity, but it is often the beginning of serious trouble and if not corrected, may end in hopeless mental disease.

*2. Intellectual Insanity.*—The intellect is at fault in insanity of this class, and delusions are the result. A false perception or erroneous idea is accepted by the patient, the intellect fails to correct the false impression, and the insanity will be dangerous or not according to the nature of the delusion. If the subject should imagine that his arm and hand were made of some soft material likely to melt away if more than ordinarily heated and should constantly apply cold water to the parts to avoid a mishap of the kind, he would be harmless as far as his neighbors



were concerned ; if, on the other hand he should believe himself to be some powerful potentate with the power of life and death in his hands, and act accordingly, such an individual would be likely at any time to endanger the lives of those about him. It is common for the subject of intellectual insanity to disinherit one or more members of his family while laboring under a delusion of some kind. It frequently happens, too, that the disinherited individual was highly and affectionately regarded prior to the formation of the delusion. It commonly happens also, that the subject is perfectly sane on every matter except that having reference to his delusion ; and even with regard to this, he reasons properly, but from false premises.

3. *Emotional Insanity.*—In this variety the emotions manifest the mental disease. Melancholia is a common form of emotional insanity, the patient suffering from profound mental depression. Commonly, no reason can be given for the extreme depression. Suicide is frequently committed while laboring under this form of insanity. Sometimes a homicide is committed, with the purpose of being executed and in this way getting rid of an unbearable life. A number of cases of emotional insanity have come under my observation. I think that uterine difficulties are at the bottom of many cases. It sometimes happens during pregnancy. A distressing case of this kind was under my treatment a few years ago. The delivery of the child terminated the trouble.

4. *Volitional Insanity.*—*The Will* is at fault in this variety of insanity. There are, ordinarily, no delusions nor emotional disturbance, but simply a weakened will-power which the subject cannot exert in accordance with the intellect. The patient may be actuated to the commission of some enormous or revolting crime which his intellect tells him is wrong, and from which his whole being shrinks with horror, and yet, despite his determined efforts the act is committed. The law but too frequently holds that a knowledge of right and wrong should render one accountable for a criminal act, yet a knowledge of right and wrong is of no avail in a case of this kind. The



*intellect* is not at fault, but the *will*. A weakened muscular condition—impairment of motor nerves—may be shown as paralysis; a weakened condition of the sensory nerves may result in intense pain—neuralgia. No one doubts that a mind may be weak, that the muscles may be powerless, that the stomach may be in an irritable weakened state, and that the general nervous system may be below the health-line, yet few can see clearly the fact that disease may attack and so weaken the *will* that it is powerless to do duty.

Dr. Maudsley naturally asks the question whether it would not be absurd to ask the child with St. Vitus' dance to stop its jerking? Most certainly it would be. The intellect may be perfect, but the will in this case, as in one of paralysis, fails utterly to control or effect movement. Cases of this kind, however, should be placed in an asylum where they properly belong. It is a terrible mistake to try a criminal of this class, acquit him on the ground of his insanity, and then turn him loose upon the community. What guarantee has society that this insane criminal will not again—as a consequence of his infirmity—commit some unlawful act! It has none. Indeed it is extremely likely that he will do so. No person, as I look at it, should be executed for an act for which he is not responsible; but, being irresponsible, he should be placed where he can do no further injury.

5. *Mania*.—The several varieties of insanity already mentioned are frequently combined in this form of mental disease. Delusions, illusions, and hallucinations are common. Sometimes the mental condition is one of depression and at others of exaltation. One patient is weighed down with a load of mental depression which renders his condition one of abject misery, while the other is inordinately bright and happy. The mental condition, or rather the condition of the emotional faculties, has a more or less direct relation to the delusions of the subject. The memory is not ordinarily affected to any great degree, while the patient is not unfrequently shrewd and cunning in the carrying out of his plans relating to his delusions.

Though not commonly dangerous, no patient with maniacal insanity can be trusted. They may prove inoffensive for a long time and then without warning commit some shocking crime. A great deal more might be said about this interesting form of insanity but I shall not stop to do so now.

6. *General Paralysis of the Insane.*—In this variety, the mind fails more or less rapidly, together with a muscular paralysis, progressive in character, and uniformly fatal in its results. One of the first symptoms is a change in disposition or in the ordinary mode of thinking. The patient becomes peculiar and thoughtless. He may manifest great anxiety with regard to little matters of no apparent importance. There may be great mental depression. The subject frequently becomes indecent in action and in the use of language without appearing to be aware of his doing or saying anything improper. The memory also becomes greatly impaired. After some time the patient loses his inclination to quarrel and fret, and becomes cheerful and happy. Muscular paralysis has by this time set in, the mind is rapidly failing, and yet the patient constantly talks with a world of assurance of his great mental vigor, and of his great physical endurance. However weak he may be he talks loudly of the wonderful feats he can perform as a gymnast, and of his great acuteness and excellence as a writer. When paralysis has so far advanced that he is as weak as an infant, he still continually habbles of “manly strength,” “vigor” and “endurance.” His position in life and financial condition do not for a moment interfere with his plans. Without a cent in the world, he will talk about his immense treasures, of costly trips to Europe — taking all of his friends of course — and will probably at the same time present each one of the favored party with a check for ten thousand dollars. When completely impotent he will talk with great gusto of his many wives and countless children. This condition of mind with the progressive paralysis continues, until, by interference with respiration, suffocation or exhaustion the patient dies. Sometimes, during the course of the

disease, the subject apparently improves very much, but this is deceptive, and a relapse shortly follows, which with other periods of improvement and retrogression, finally ends in death. Our next lecture will treat of idiocy and dementia and the general management and treatment of insanity.

(TO BE CONTINUED.)

---

## CLINICAL SURGERY.

---

BY S. B. PARSONS, M. D.

The accompanying cut represents a boy 9 years of age to whom I was called in June, 1877. Three years previous he had an attack of Cerebro-Spinal Meningitis which confined him to the bed three months, suffering the most intense pains, convulsions, &c., &c., during the greater part of that time. In convalescence the lower extremities began to draw up and became stiff at the articulations, and the parents then realized the fact that his limbs were paralyzed. As health and strength increased the deformity also grew gradually worse, notwithstanding medical aid was invoked in the way of frictions, galvanism medication within and without, &c., the parts becoming more and more fixed in their unnatural condition, and at last he was given up as an incurable case. Upon investigation I could ascertain no defects existing in any other organ or tissue, the mind, vision, hearing, circulation, respiration, digestion, and physical powers, acting normally. Sensation in the lower extremities was intact, or rather around the knee and outer and inner sides of the thigh, and dorsum of the foot there was a slight supersensitiveness-hyperesthesia, but the ability to move them was gone. Forced flexion at the hip, knee and ankle joints, elicited a degree of mobility, and any attempt at



extension or even firm, sudden pressure on the flexor tendons immediately induced a spasmodic action in the contracted muscles. When a strong electric current was passed through them, one pole on the extremity and the other in the lower dorsal region, I observed a slight muscular contraction under the stimulus. In this manner I could determine whether the relations between the peripheral nerves and the spinal cord were at all natural, and the excito-motory, or reflex, influence could be developed by pinching or tapping of the tendons of the flexor muscles.

The limbs were very much wasted, and skin dry but warm. Abduction could not be made on account of the rigidity of the adductor muscles, but adduction was quite free. The legs were held at right angle to the thighs, and the thighs at nearly right angle to the body. Both limbs were drawn inward, so that the inner sides of the knees were in close relationship with each other, —genu valgum—and the heels elevated to almost their fullest extent, constituting that form of deformity known as talipes equinus.

Fully satisfied that the patient's pitiable condition was due more to derangement in the muscular organs and their envelopes than in the nervous system, I so gave it as my opinion to the parents, and encouraged them with the hope that their son might yet become a help rather than a burden to them.

Willing to do anything that presented any reasonable chance for their boy's recovery, I was permitted to assume the responsibility of his case at once. A few days afterwards I put him under an anæsthetic, with a view to more thoroughly examine him and divide or break up whatever structures or exudations opposed full extension or abduction. When fully anæsthetized, I found the cause of the malposition at the hips to be due mainly to retraction of the fascia lata, which I subcutaneously divided transversely, beginning with the left extremity, on the front of the thigh, three inches below Poupert's ligament, carrying the incision as far inwards as the

saphenous opening, and also on the outer side, cutting through the lower part of the tensor vaginæ femoris muscle. By applying considerable force I brought the thigh into a nearly straight line, but rotation inwards seemed greater than before. This I concluded was brought about by the adductors on their fasciæ not being opposed by the tense and rigid fascia on the anterior and outer side of the limb, this having been divided left them free to act in drawing the limb inwards. The adductors and pectineus with their fasciæ were then completely severed subcutaneously, after which, by strong abduction, I succeeded in breaking up all the adhesions on the inner side of the limb, and could then move it freely in any direction. Having accomplished unrestrained motion at the hip, I proceeded to liberate the knee in the following manner: The tendons of the biceps, semi-tendinosus and semi-membranosus, were divided about two and a half inches above their points of insertion, in the hope that thorough division of their contracted structures would furnish full extension, but in this I was disappointed. The leg was quite as rigid as before, nor did a considerable extending force change the relations of the parts. Upon still further and closer examination I found that here, as at the hip, the fascia was strongly retracted, and I was obliged to divide that structure over the vastus externus and internus, the popliteal fascia, and the fascia on the front and inner side of the leg at the point of insertion of the gracilis and sartorius muscles, together with the tendons of the latter, before the limb could be straightened out.

Each opening made by the knife was immediately closed by adhesive plaster as soon as the knife was withdrawn, and when the operations on the left leg were concluded, the whole limb was enveloped in cotton batting and a straight-back splint applied and a roller bandage carried over all.

The right side was treated in a similar manner, with the difference that less division of the fascia lata and the adductor fascia was required. This limb was also wrap-

ped in cotton, placed on a straight-back splint and confined by a roller, and the patient put to bed. Reaction came on in a few hours, with not very high temperature or pulse, but for the first three days the patient suffered a great deal of pain. The operation was followed by very little swelling about the parts incised, which within one week had entirely disappeared. There was scarcely any tenderness on pressure, and the wrappings were then removed, the limbs well bathed in warm water and rubbed with oil, and passive motion commenced. Every day the same treatment of washing, rubbing and manipulation was faithfully carried out under my supervision, and at the conclusion of each treatment the limbs were placed on back-splints, padded with cotton, and put into a comfortable position—a slightly elevated one. Within three weeks the limbs could be moved quite freely in any direction, and there were indications of returning motory power, as evinced by a slight muscular contraction when the patient made an effort to do so. Electricity was applied twice a week, and sulph.<sup>200</sup> and Kali hidriod<sup>20</sup> were given internally.

In September following, three months after the operation, both limbs were freely movable and well under control by the will. The patient was able to stand on them when supporting the body by resting the hands on a table or chair, but could not walk on account of the malposition of the feet. I would not permit the use of crutches for the reason that they would necessitate more or less use of, and pressure of the weight of the body on the feet, which would increase the already thickened, rigid and contractioned structures about them, and proportionate with the frequency and extent the feet were employed would be the dislocation of the bones of which they are composed.

In the latter part of September the feet were brought into natural shape and position by division of both tendo-achilles with the fascia extending from them over the adjoining parts. Manipulation of the tibio-tarsal articulation was extensively made to make sure that all the

obstructing bands were completely divided, and it was then evident that the plantar fascia must also be severed to insure perfect freedom to the anterior part of the feet. This being done the feet were readily worked at the phalanycal and metatarsal joints, which were respectively manipulated, the wounds closed by adhesive plaster, the feet wrapped in cotton and put into plaster of paris splints. The following day the patient was in the best of spirits, suffering but little pain, temperature and pulse slightly above the natural. The splints were removed at the end of five days, as there appeared a considerable tenderness and pain at the seat of puncture made in the skin over the point where the left tendo-achilles was divided, an inspection showing supuration had occurred there. The matter was at once let out and two small compresses, one on either side of the opening, were adjusted and held in place by a bandage, after which we had no further trouble. Passive motion was daily resorted to and the patient directed to concentrate all his will power in an attempt to work the joints himself. Bathing, frictions and electricity were also employed, which had the effect to rapidly increase the nutrition of the parts, and slowly the influence of the will over them was established. One month afterwards crutches were supplied him and walking commenced. The long period of disuse of the limbs had swept from his mind the idea of how to walk and the whole act had to be learned again, but not without many discouraging attempts, and at times a complete loss of courage. Time and perseverance, however, overcame all obstacles, and one year afterwards his appearance was such as is shown in the accompanying cut, and walking was effected without the aid of crutch or cane.



**WESTERN ACADEMY OF HOMŒOPATHY  
IN SESSION AT ST. LOUIS, MO.,  
MAY 9th, 1879.**

Dr. Philo G. Valentine, of St. Louis, Chairman of the bureau of statistics, registration, legislation and education submitted the following report:

The past year has been full of stirring events all the world over, some of which were peaceful, others stormy, but all the result of the liberality of thought which belongs to the era in which we live.

In homœopathic medicine there has been an advance movement all along the line, over four thousand miles of hills, valleys, mountains and plains, and extending from the Potomac to the Sacramento, from the capital of our country to the capital of California. All this has been done in the presence of a gallant foe, hotly contesting every inch and yielding only to imperious necessity. All honor to the president of the United States and the mayor of Sacramento for catching the enlightened spirit of the age and giving "honor to whom honor is due," by appointing to the highest places of responsibility within their gifts the best sanitarians of our school—Dr. T. S. Verdi, of Washington, upon the National Board of Health and Dr. G. M. Dixon and his able confreres to the board of health of the city of Sacramento.

It is with pleasure and not a little laudable pride that I chronicle our successes since last we met—one year ago in Cincinnati. And though there may be chronic grumblers and honest croakers, wiseacres and evil prophets in homœopathic ranks elsewhere, there is no soil in which their seed can germinate in the Western Academy of Homœopathy. They serve their purpose well, soon to be forgotten, as do mile-stones which only mark the onward journeyings of the traveller.

A brief resume of the "stepping stones" our homœopathic practitioners have used to mount to higher places and to occupy new fields of honor and usefulness in twelve months will be of interest to every true believer.



But first, I would drop a tear to the memory of the dead who have passed to the other shore—four in number, as far as I know; Dr. W. H. Riley, of Olathe, Kas.; Dr. Fountain Jones, of Waco, Texas; Dr. W. D. Tirrell, of St. Louis, Mo.; Dr. D. R. Luyties, of St. Louis, Mo.—all pioneers and men full of years and of honors, and faithful followers of Hahnemann in what was a wilderness in his time far away across the ocean beyond the setting sun.

On the 27th of last May the wife and widow of our great Hahnemann passed to rest. She died in Paris, France, at the advanced age of 78 years. Hahnemann was an octogenarian, but not a valetudinarian, when he met her, and their love and marriage in 1835 was a veritable romance in real life. They lived together nine years, and since his death in 1843 her house has been a Mecca to all doctors who go abroad.

During the past year three of our Western doctors have made the tour of Europe; attended the British homœopathic congress and the French homœopathic congress, and returned to their posts—two of them as college professors, and the other has since become an editor. They are all specialists, treating the eye and ear exclusively. I allude to James A. Campbell, of St. Louis, Mo.; C. H. Vilas, of Chicago, Ill., and W. H. Winslow, of Pittsburg, Pa. They have also contributed many valuable and able papers to the medical journals since their return.

There have been several important changes in the faculties of some of the Western colleges. S. R. Beckwith was appointed to the chair of special surgery in the Cleveland college and D. W. Hartshorn succeeded him in the Pulte College at Cincinnati. Dr. T. P. Wilson was appointed to the chair of Theory and Practice in the Pulte college.

Dr. E. C. Franklin became dean and professor of surgery in the University of Michigan, and moved to Ann Arbor in October. He was succeeded in the chair of surgery in the Homœopathic Medical College of Mis-

souri by S. B. Parsons. In the same college G. S. Walker succeeded Wm. C. Richardson in the chair of obstetrics, and Dr. Richardson was placed in the chair of diseases of women and gynecological surgery, and J. A. Campbell was appointed to the chair of ophthalmology and otology. The Western colleges, seven in number, graduated this spring, 198 candidates, 12 less than the year previous, and one more college, the Iowa University (homœopathic department) which graduated three. The number of students in attendance was about the same, thus showing that the standard of medical education in the colleges which entitles one to a diploma, is 5.7 per cent. higher than one year ago, and that without increasing the number of courses of lectures from two years to three years, as has been in contemplation by the inter-collegiate conference.

In June the Homœopathic Medical college of Missouri took possession of the Masonic hall, on the corner of Tenth and Carr streets in this city, and transformed it into a handsome college building, and on the 3rd of September opened a free Homœopathic dispensary, under charge of J. C. Cummings, professor of clinical medicine. The work was soon divided among other members of the faculty with a view of utilizing the clinics for the college classes, and Dr. Parsons took charge of the surgery, Dr. Wm. Collisson of the women, W. A. Edmunds of the children, J. A. Campbell of the deaf and blind, J. Martine Kershaw of the nervous and paralytic and Dr. Cummings of all the rest.

This clinique has proven an amazing success and is doing a world of good for the college and for the deserving poor. From 30 to 50 persons are supplied with medicine daily from this most excellent charity, prescribed by men who are thorough, conscientious and untiring in their endeavors to do good by spreading our system among the poorer classes, who are very numerous in all large cities and suffer greatly from disease. In the line of public positions now occupied by homœopathic physicians I have to record that Dr. M. B. Campbell, of Joilet,

Ill., has been appointed prison physician to the Northern Illinois penitentiary; Dr. D. G. Curtis, of Chattanooga, Tenn., has been appointed upon the board of health of that city: Dr. B. J. Bristol last November was elected coroner of St. Louis county; Dr. W. L. Hedges was re-elected this spring to the mayoralty of Warrensburg, Mo., and was also appointed examining surgeon for the United States pension department or district, and Dr. R. Ludlam has been re-appointed on the Illinois board of health by the governor.

In Sacramento, Cal., Dr. George Pyburn has been appointed county physician, and the board of health of the city is now entirely homœopathic and consists of five in number: Drs. G. M. Dixon, W. A. Hughson, Geo. Pyburn, A. G. Henry and Miss L. J. Kellogg. There was a congressional committee of yellow-fever experts appointed by congress after the Woodworth commission had returned and reported; and Dr. L. A. Falligant, of Savannah, Ga., was one of the appointees; and lastly, upon the national board of health, established by law, the President of the United States has appointed T. S. Verdi of Washington, D. C., one of the best writers in our school, and probably our greatest sanitarian.

G. W. Foote, M. D., President Board of Health of Galesburg, Ill.

T. E. Endo, M. D., Member of Board of Health of Edgefield, Tenn.

W. H. Leonard, Member Board of Health Minneapolis, Minn.

H. L. Obets, City Physician, Paris, Ill.

J. M. Larabee, Member Board of Health of Maryville, Mo.

J. Harts Miller, Health Officer of Abingdon, Ill.

And thus are we winning laurels everywhere, and more to follow.

During the yellow fever epidemic a Homœopathic Relief Association was organized in New Orleans, which did a glorious work, and at Chattanooga, Tenn., on the 12th of October, 1878, a Homœopathic Hospital, with 100 beds

for yellow fever patients exclusively, was established and placed in charge of Dr. E. H. Price of that city.

In medical journalism some remarkable events have taken place. The *Medical and Surgical Reporter*, of Cleveland, Ohio, has ceased its publication. The *Hahnemannian Monthly*, under the editorship of R. J. M. McClatchy of Philadelphia, suspended July 1, 1878, revived January 1, 1879, with Dr. W. H. Winslow, of Pittsburgh, Pa. The *American Homœopathist*, of Chicago, Ill., was moved to New York, and its name changed to *American Homœopath*, with Dr. Blumenthal editor. In its place, in Chicago, with J. P. Mills, M. D., as editor, on the 1st of January, 1879, the *Medical Counselor* appeared. At the same time the *New England Medical Gazette* reduced its size to thirty-two pages, and its price to \$1 a year, and Dr. Herbert C. Clapp became editor. In St. Louis the *Homœopathic News*, on the 1st of January, 1879, enlarged itself and beautified its general appearance, declared the name of its editor, Dr. J. H. Goodman, and became worthy its name and its accomplished editor.

All the other journals of our school are thriving, and meet with the encouragement they deserve.

In bibliography, the West has done her share in the last year, both in publishing and authorship.

In the East, there have been published Homœopathic Therapeutics, by S. Lilienthal, of New York; Electro-Therapeutics, by Dr. John Butler, New York; Lectures on Materia Medica, by Carroll Dunham, New York; Hand-book of Auscultation and Percussion, by Herbert C. Clapp, of Boston; the third edition of Helmuth's Surgery, New York, and Vol. I, of Guiding Symptoms, by C. Hering, Philadelphia, by the Am. Hom. Pub. Co.

In the West, there have appeared Hoyne's Therapeutics. Vol. II.

How to be Plump, by T. C. Duncan, of Chicago, Ill.

Vol. I. of Diseases of Infants and Children, by T. C. Duncan.

U. S. Homœopathic Pharmacopœia. No author. Published by Duncan Bros., Chicago, Ill.

On Sterility, by E. M. Hale, Chicago, Ill.

Uterine and Vaginal Discharges, by Wm. Eggert, of Indianapolis, Ind.

Headaches and their Concomitant Symptoms, by John C. King, of Circleville, Ohio.

An Illustrated Repertory of Pains in Chest, Side and Back, second edition, by Rollin R. Gregg, of Buffalo, New York.

Oral Lectures, Clinical and Didactic, on the Diseases of Women, fourth edition, by R. Ludlam, of Chicago, Ill. Published by Duncan Bros.

---

### *MATERIA MEDICA.*

---

*ON THE SOURCES OF THE HOMŒOPATHIC MATERIA MEDICA. Three Lectures Delivered at the London Homœopathic Hospital in January, 1877. By Richard Hughes, L. R. C. P., &c. Henry Turner & Co., London, 1877.*

*A RE-PROVING OF CARBO VEGETABILIS. Report of the Bureau of Materia Medica, American Institute of Homœopathy, Session of 1877.*

"For so it mostly happens that men make their experiments lightly, and, as it were, in play."—*Novum Organum, Book, 1 p. 70.*

That ancient stock-breeder, Augeus, king of Elis, figures in history as having a stable which contained three thousand oxen, and yet had not been cleaned in thirty years.

How his Majesty's herdsman was able to find an ox what time his kingship desired a sirloin roast; how he could recognize an ox in such a reeking abyss; how each ox preserved the ox-semblance, are so many queries which history resolveth not. It records only the splendid doing of that great sanitarian of whose famous labors the cleansing of the Augean stables is not the least.

True and trite is it that history repeats itself, and that this fast-ripening nineteenth century has its stable wherein accumulates the ox-ordure of nearly ten decades, seething in its rottenness and filling with noisome stench all nostrils not anosmic which have business therein; burying also, up to the horn-tips, and making difficult of recognition, the oxen.

Only a Briarean Hercules can attempt *this* cleansing, and mayhap ten thousand Briarean hands would tire in this ox-washing. Worse than all, neither Hercules nor Briareus are welcomed to *this* labor by the herdsmen of these oxen. *Procul, O procul este, profani!* is *their* greeting; sorry encouragement to him who essays only the removal of the ox-ordure.

And worse, an ancient herdsman, self-appointed guardian of filth and all, has said with tongue and pen to one who would have cleansed: *Begone, lest thou throw away a steak for a stool!* Alack-a-day, be thy steaks and stools so much alike?

“To state the case in its most unequivocal form we have not sufficient proof that symptoms obtained by the ordinary method are due to the drug tested, unless these symptoms cannot be attributed to any other cause.”\*

To state the case in a still more unequivocal form, it is found on simple nose-inspection that this *embarras des richesses* in the modern stable is not due to the oxen alone—the species asinine has contributed with characteristic prodigality. But, ox or ass, the need for cleansing is, and what is being done about it?

Well, there is much of cheering promise in this study of the “*Sources of the Homœopathic Materia Medica.*” To be sure, this kind of work has been stigmatized as “running up and down a step-ladder in libraries and blowing the dust from old folios into the eyes of the readers.”† But who has a better right to a study of such “*Sources*” than he whose healthy reason rejects the errors of his *alma mater*, and turns to Homœopathy for that *lux in tenebris* which it alone can give? To see such an one *establishing the grounds of his new-found faith* is the best evidence of a sincerity not given to “blowing dust” into any eyes.

In the name of all truth, why is it that he who essays

---

\*A Re-Proving of Carbo Vegetabilis, p. 1.

†Hahnemannian Monthly, Vol. IX, p. 376. For some small “step-ladder” jobs, vide *Alæ, Nux Moschata* in Hering’s “Mat. Med.” For “dust-blowing” *circumspice*.

to submit any Hahnemannian lore to a critical review is sure to receive "more kicks than ha'pence?" Is the keeping of the Hahnemannian literature entrusted to a select and self-appointed few? Is only a *gobemouche* capable of examining a Hahnemannian citation? Is there an Homœopathic hierarchy who alone can expound the law? So it would seem; and this assumption is the earmark of a set of men whose self-conceit smells as loudly as the "Limburger" of their native land.

Dr. Hughes' studies promise to be fruitful to the simply English-reading homœopath. As one result of his investigations he says: "The inference must surely be that a new translation is imperatively needed, and that forthwith. \* \* \* \* \*

It is true that the pathogenesies of Hahnemann are being translated afresh by Dr. Allen for his *Encyclopædia*; and anyone who desires to have a faithful rendering of any symptom may depend on finding it there. But Hahnemann's pathogenesies are necessarily in this work incorporated with others; and its plan excludes his prefaces and introductions, and (to a great extent) his notes. Since, therefore, we can neither expect from the former quarter [Dr. Quin's promised translation] nor receive from the latter the thing we want, there is nothing for us but to undertake a new version for ourselves.

"For such a work I earnestly plead; and, think that England and America—as equally concerned—might well co-operate in the task. There are on both sides of the Atlantic masters alike of German and of English from whom any translation would be received with implicit confidence. I myself have no place among these, but there is one element of the work which I could and would gladly supply. Some five thousand of Hahnemann's symptoms are quotations from authors, English, Latin, French and Italian, as well as German. *It is easy to see what confusion is made when these are re-translated into English from Hahnemann's rendering of them into German.* The examination of their originals, which I am carrying out for Dr. Allen, will enable me to supply all

these quotations, if in English, in their own words, if in Latin, French or Italian, in direct translation ; besides the verification, illumination, and correction which I can give them from the same sources. I should be ready to perform this part of the work ; and if two or three competent scholars from England and America would sustain the main undertaking, we might have in a year or two an English version of at least the *Materia Medica Pura*, of which both countries would be proud."

Since the delivery of Dr. Hughes' lecture, the British Homœopathic Society has promised to publish such an edition of the "*Mat. Med. Pura* as Dr. Hughes has depicted, and the American Institute of Homœopathy can find no fitter employment than to issue a similar edition of the Chronic Diseases.

Dr. T. C. Fanning, of Tarrytown, N. Y., a pupil of Dunham's, has much of the *Chronic Diseases* already translated, and with the assistance so generously proffered, the MSS. could soon be in readiness for the printer, so that England and America could make a simultaneous issue.

Homœopathy has taken firm root in America, and yet no merely English-reading homœopath has ever had access to the very words of the master in his practical works ! Perhaps the mutual-admiration cliques in the Institute cannot join hands in supplying a greater need.

If there is a need for a correct translation of the text, what should be our zeal to secure the *integrity* of the text ? That *even this* is a desideratum may be learned from the lectures on the "*Sources*," etc., vide pp. 15, 16, 17, 18, 32, 33. To be sure, we can place much reliance upon the acumen of so profound an observer as Hahnemann, but when even he is tried by rigid analysis and strict logic we find the "feet of clay." The simple truth seeker will at once acknowledge each *lapsus* of the master—for master he is, and his very errors draw him closer to us by the tie of a common human weakness—but the "homœopathician" never acknowledges an error in the master, and, naturally enough, never sees one in



himself. Take the instance of a notorious "homœopathician, the *defensor fides par excellence*, in his every paper on "The Physiological Livery" he prates about 'Logic' as a *nymph du pave* does about "Virtue," both evincing a deathless yearning for that which they have not.

Not 'logic' but credulity is the birth-mark of your "homœopathicians;" they are omniverous, and you can take them with a semblance of a 'symptom,' just as small boys catch frogs with a bit of flannel on a hook, because its redness makes it the 'like' of a piece of beef-steak\*

Prof. C. Wesselhœft and his Bureau have made a startling movement in the right direction. Their innocent but earnest takers of *Sacch. Lactis* recorded a lusty crop of symptoms, many of which *reappeared when Carbo Veg. was taken!* Hereafter, when a proving bears the mint mark of the University of Boston it will command confidence, and the thanks of every earnest and truth-loving Homœopath are due to its truth-seeking Professor of *Materia Medica*.

We have too many "Professors," not to say practitioners, who ascribe all that follows the taking of a drug—no matter what potency—to the drug. These are the men who plume themselves on their 'powers of observation'—they can tell the dot over an i from a fly-speck, every time. We know of such an one who, after taking the 10M of Zincum, had a curious itching just above the external malleolus of the right leg. On hearing of which, an incredulous (and incorrigible) student exclaimed, *sotto voce*, "Why the d——l don't he *change his stockings?*"

We have also accepted unchallenged the "proving" of the rawest student fresh from the plough-tail; we have even given a gold medal to an undergraduate who cut up a poisoned dog's carcass and recorded hypostatic congestion of the lungs as "hepatization;" we have had too

---

\*The resemblance between the frog and the 'homœopathician' extends still further. Both are am-fib-lous—they can lie in water and on land with equal facility. Opinion based on the evidence of manufactured 'cases.' —

much 'prentice work and too little master work ; and yet all figures in our materia medica among the data on which depend the issues of life.

Twenty-five years ago attention was called to the very point to which Prof. Wesselhœft has given such needful emphasis. In a paper on the " Effects of Mental Attention on Bodily Organs " Sir Henry Holland said : " We may reasonably refer to the same principle some of the alleged facts in Homœopathy ; such as the long train of symptoms, sometimes amounting to hundreds, which are catalogued as proceeding from infinitesimally small quantities of substances, inert or insignificant in other manner of use. *The attention urged to seek for local sensations has no difficulty in finding them. They generate one another ; and are often, as we shall afterwards see, excited by mere expectation of their occurrence.*"

This common-sense *coup de grace* is repeated in a footnote :

" The manner in which these alleged symptoms are collected and registered by Homœopaths must be regarded as a glaring instance of the want of due understanding of evidence, referred to in the preceding chapter. Apart from the intrinsic improbability of the same agent, in doses inappreciably minute, producing effects on numerous parts wholly different in structure and function, we find the proofs (even as they come from the founder of the doctrine) to *consist principally in the simple assertion of the subjects of experiment*, unchecked, so far as we can see, by any regard to the phenomena now before us, though so absolutely essential to the truth of all conclusions thus obtained."†

We are by no means convinced by anything ever read by us that Hahnemann adopted any measures designed to eliminate this source of error, and we must expect to find phantasms of the common sensation (*phantasma cœnesthesos*. Brach.) in his profuse pathogenesies.‡

†Chapter on Mental Physiology, p. 20.

‡Vide Feuchtersleben's *Principles of Medical Psychology*, Chap. V., §§ 92, 93, 94, 95.

At all events, this is the wrong end of the nineteenth century for any attempt to hedge in Hahnemann as a divinity whom to question were sacrilege, and in the papers under notice we have the evidence of such an upheaval as must in due time disturb the foundation of every sophism.

Only a lack of trust in the truth can object to the most searching investigation, and is it not markedly suspicious that the most strenuous of such objections come from those who claim to be the only truthful exponents of Hahnemann and Homœopathy?—[S. A. JONES, in *Am. Observer*, Jan., 1878.

---

*For the Bureau of Statistics, Registration, Legislation and Education of Western Academy of Homœopathy, held at St. Louis, Mo., May 7, 8 and 9, 1879; by J. H. Mosely, M. D., Olathe, Kansas.*

The general topic which most engages the attention of the medical profession in this State is, perhaps, that relating to legislation on medical matters.

In the State of Kansas, with a population of 800,000, about one half of the physicians have been found to possess ample credentials entitling them to be called Doctors of Medicine. The other half either have no *bona fide* diplomas or licenses, or if they have do not care to have it known. Probably a large part of them have none, for a great many of the oldest and most prominent physicians have been inquiring after the different State Medical Societies since the passage of the bill regulating the practice of medicine and surgery by the Kansas legislature at its last session.

It is with much pleasure that I record the forward movement of Homœopathy in Kansas which is now being made manifest in every part of the State.

Holding the office of Secretary of the Kansas and Mo. Valley Hom. Med. Soc. for the last year, it is through

my official correspondence that I doubtless possess greater facilities for gathering correct information than any other person.

From imperfect data heretofore only obtained, Kansas has been put down as having but eighty physicians practising Homœopathy. And so I reported last year at our joint convention of the Mo. Institute of Hom. and the Kan. and Mo. Valley Hom. Med. Society held at Kansas City, last May. But during the past winter, by dint of much letter-writing and the assistance of Dr. Johnson, of Atchison, I have succeeded in resurrecting from obscurity the names of some twenty more. And since the passage of the medical bill the physicians themselves are getting on the "anxious seat" and new men are being daily heard from, and new names being received, so that we will number, all told, only about 120 Homœopathic physicians in Kansas, although new ones from the Middle and Eastern States are constantly arriving with the enormous tide of emigration that is coming to Kansas. Last year a quarter of a million immigrants poured into Kansas from all parts of the world, and this year the emigration will be still greater. Coming as they do, the greater majority of them, from the Eastern States where Homœopathy is well established and represented, you can very readily understand what a great demand there is, and will continue to be until the tide of immigration ceases, for more Homœopathic physicians; and what a grand opportunity is offered those seeking a change of climate, and to the newly fledged M. D.'s for securing good locations in this the "Garden of the West"—the grandest of all grand states in the Union—Kansas.

---

**LACTOPEPTINE.**—Amongst the many preparations being recommended to the Profession for the treatment of impaired digestion, gastric irritability, etc., we have found few to equal *Lactopeptine*. We have recently been prescribing it to impart tone to the stomach and allay that distress so commonly experienced after eating by those convalescing from gastric and enteric fevers with most satisfactory results. We have also been using it for some time amongst children suffering from impaired digestion, as the result of improper food, with very decided benefit, and, from our experience, desire to direct the attention of the Profession to its use where indicated, feeling confident they will agree with us in pronouncing it a most valuable therapeutical agent.—[*Western Lancet*, San Francisco, July, 1878.]

**BOOK REVIEW.**

---

**MEDICAL CHEMISTRY; INCLUDING THE OUTLINES OF ORGANIC AND PHYSIOLOGICAL CHEMISTRY.** By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago. Philadelphia. Lindsay & Blakiston.

Prof. Wheeler has succeeded remarkably well in presenting several subjects not usually found in the same elementary work. Beginning with Homologous series, he first gives a clear statement of the "type" theory, and proceeds to describe the alcohols, ethers and acids of chief importance. Little need be said of this part of the work, except that the matter is well chosen, and much judgment shown in the omissions. Descriptions of the numberless derivative or substitution products would bewilder the student, and be outside of the scope of the work. *Per contra*, to have given less of the theory of classification, would have been to obscure rather than to simplify. The author remarks in his preface: "It would have been easier to prepare a larger work." We agree with him, and consider that he has skillfully avoided the extremes.

Under the head of "Bases" the natural alkaloids are introduced. These substances, usually treated only in works on Toxicology, or in the bewilderingly complete larger works on Organic Chemistry, are here described in detail quite sufficient for the student. The discussion of the growth of plants, and descriptions of the more important proximate elements of vegetable substances closes the first part of the work.

In "Animal Chemistry" the author has to steer between Physiology proper on the one hand, and mere analytical results on the other. Of course the work was not intended as a guide to the practical analysis of blood, urine or morbid secretions. General descriptions of methods are nevertheless introduced in several places. This part of the work is an excellent foundation for more extended study, and we must refer to the opening lines

of the preface those who would criticise the limited amount of matter. We thank Prof. Wheeler for being first in the field in this country with a text book of this kind; and his publishers for the clear, eye-saving type adopted

---

## **Editor's Drawer.**

---

**HAPPY NEW YEAR TO ONE AND ALL!**

**MALTINE.**—We have received specimen bottles of this well and widely known preparation, and shall put it to use at once for a thorough test, to be reported next month.

**PROF. S. B. PARSONS** will deliver the Valedictory Address at the Commencement of the Homœopathic Medical College of Missouri, which takes place on the evening of the 11th of March.

**SPRING COURSE IN OUR COLLEGE.**—See advertisement on fourth page of cover. This will be a very interesting and important course, beginning March 15th and continuing *Ten Weeks*. Fees, \$15.00.

**THE REVIEW** takes this method of asking its patrons in all the States for original contributions and reports of cases for publication. Learned scientific discussions are not so useful to the average reader as practical hints on the management of disease. We also want all *the news*; as St. Louis as a center of distribution cannot be excelled.

**DELINQUENT SUBSCRIBERS.**—We wish to say to you in all gentleness, that those of you who have been kind enough to take our **CLINICAL REVIEW** from its origin, without paying for it, will see its face no more forever until \$4.00 have been sent to the Editor. There are quite a number of you, and you are good physicians, but it is painful to afflict you any longer with what you have no right to expect.

**PROF. T. P. WILSON** has removed from Cincinnati, Ohio, to Ann Arbor, Michigan. He was Professor of Theory and Practice in the Pulte College; he is now occupying the same chair in the University of Michigan, made vacant by the resignation of Dr. C. P. Gatchell. We congratulate the University on its new appointment, and we believe the learned Professor and distinguished Editor will prove to be the right man in the right place.

**TO THE PROFESSION.**—We have the pleasure to inform you that the Hahnemann Medical Club of this city has acquired the proprietorship of the "*Hahnemannian Monthly*," which will be continued under the Editorship of Drs. E. A. Farrington and Pemberton Dudley, and Dr. Bushrod W. James as Business Manager; all gentleman well and favorably known to the profession.

Very respectfully,

**BOERICKE & TAFEL,**  
Philadelphia, Pa.

**ANOTHER VICTORY.**—Homœopathy is in high places, and moving higher. The Empire State has honored herself, through its Governor, A. B. Cornell, son of the founder of *Cornell University*, who has appointed Dr. W. H. Watson, of Utica, to the high position of Surgeon General of the State. Dr. W. is a gifted citizen and a homœopathic physician. "Honors are easy" here, as much in the giving as receiving, and we congratulate both the Governor and the Doctor.

## **Books and Pamphlets Received.**

**MEDICAL CHEMISTRY.** Including the outlines of Organic Chemistry. By C. GILBERT WHEELER, professor of Chemistry in the University of Chicago, and in the Hahnemann Medical College. Second and revised edition. S. J. Wheeler, Chicago. 1879.

**THE HOMŒOPATHIC THERAPEUTICS OF INTERMITTENT FEVER.** By H. C. Allen, M. D., M. C. P. S., Ont. Late professor of Anatomy and Clinical Medicine in Cleveland Hospital Medical College, etc. Drake's Pharmacy, Detroit, Mich., pp. 234.

This book we have examined with much care and would conscientiously recommend it to all who have to deal with intermittent fever (and who does not in the United States). We especially admire its "comparative or cancellation method of selecting the remedy," and the comparisons between *Arsenicum* and *Cinchona* shown in double columns. Also that between *Geeseminum* and *Ignatia*, and some others. The Clinical feature is most excellent, illustrating by typical cases the prompt action of the proper remedy. The author is a true believer and deserves commendation for his useful contribution to the literature of our malarial diseases. We shall recommend it to our College Class.—[Ed.]

**PHYSICIANS' MONITOR FOR 1879.** Published by W. A. Townsend, 189 Broadway, New York.

**PROSPECTUS OF WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1880.** Twelve octavo volumes a year; published monthly. Send orders to C. C. Pease, Manager for Missouri, Kansas, Southern Illinois and Indian Territory. 514 Olive street, St. Louis, Mo.

**CLINICAL THERAPEUTICS, Vol. 2d; part viii.** By Temple S. Hoyne, A. M., M. D., Chicago, Ill. This contains the conclusions of Lachesis, Laurocerasus, Plumbum, Stannum, Cimicifuga, Æsculus, Æthusa, Agaricus, Agnus, Ailanthus, Cepa, Aloes, Ambra, Ammonium Muriaticum, Anacardium, Angustura, Antimonium Crudum and Antimonium Tartaricum.

Prof. Hoyne is doing his work thoroughly and well, and is entitled to all praise for his industry. Price, per part, \$1.00.

**TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY of New York State for the year 1879.** From E. S. Coburn, treasurer. Price \$1.00, to be had of the Treasurer. It is a splendid volume of 320 pages, containing papers from the very best talent.

**VICK'S FLORAL GUIDE,** Rochester, New York.

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME II.

ST. LOUIS, MO., FEBRUARY 15, 1880.

NUMBER 12.

---

## *LACERATION OF THE CERVIX UTERI, AND ITS CURE BY THE OPERATION OF HYSTERO-TRACHELORRHAPHY.*

---

[A Clinical Lecture. Delivered at the Good Samaritan Hospital, Dec.  
20, 1879.]

---

BY T. G. COMSTOCK, M. D., ONE OF THE ATTENDING PHYSICIANS.  
(Reported by W. B. Morgan, M. D.)

---

GENTLEMEN :—At our last lecture we treated of Subinvolution of the uterus, to-day we have for our subject an accident very intimately connected with that condition. We can readily see how the separated and swollen lips of a lacerated cervix may be irritated by friction on the vaginal walls and so prevent the return of the uterus to its normal size. Lacerated cervix is a frequent cause of subinvolution, and it is perhaps the most important of all of the injuries occurring during labor. Ten years ago this statement would have been considered preposterous, but opinions have changed since then.

Lacerated perineum is likewise another important cause of subinvolution, but it is easily discovered and its influence was more readily ascertained. Laceration of the cervix is best found by digital examination, it may be overlooked in an examination with a speculum, especially if the Fergusson cylindrical speculum is used. It is sur-



prising that this lesion has been ignored so long by gynecologists and experts.

When I was in Paris a few years ago, and saw thirty, forty or fifty women examined every day, not a word was said by the professors about this lesion.

Dr. Emmet was the first to discover its significance and to operate for its relief, which he did in 1862; but he did not publicly report his discovery and operations until February, 1869, in an article in the "American Journal of Obstetrics," of that date, in a paper upon the cervix, wherein he carefully described the technique of this operation for restoration of the laceration. Gentlemen, I want you to know the importance of this discovery, because it has entirely changed the whole practice of gynecology.

Dr. M. A. Pallen, then of this city, described his operation for lacerated cervix in the "St. Louis Medical and Surgical Journal" of May 10, 1868; thus preceding Emmet in *publication*, though he (Dr. P.) had first operated later than Dr. E. Last year I was in Chicago and heard Prof. Byford in a lecture at the Rush Medical College, refer to Emmet's operations. He did not concur fully with the views of Emmet or acknowledge the importance of the operation, but said that if they should prove to be correct, an entire change in the theory and practice of uterine pathology would result. I want you to know all there is known about this subject, and I now tell you that it has been, and even now is, ignored by many noted physicians. These two articles I have mentioned were published by Dr. Pallen, and Dr. Emmet, one in 1868, and the other in 1869, but no attention was paid to the subject by the profession until Dr. Emmet published a second paper concerning it in the "American Journal of Obstetrics" in 1874. Since then it has been looked into, but physicians are not yet of one mind concerning it. Dr. Pallen at first called it "hair-lip of the cervix," and, really the name is quite appropriate. Drs. Galabin in England (?) and Roethe in Germany (?) have described the operation

for its cure in the works they have published, but it is not mentioned in any work on surgery, except the small manual of Stimson.

When I studied medicine, we heard a great deal about ulceration of the cervix, yet Dr. Meigs said cases of ulceration were very infrequent, and what were called ulcers were really erosions, caused by chronic congestion. Metritis was apt to be associated with this condition. We were not taught anything particularly about involution, or the importance of subinvolution, nor measuring the cavity of the uterus. Now, all is changed. You receive instructions upon subjects which were unknown twenty years ago.

Laceration of the cervix results from traumatism.

It is quite probable that premature rupture of the membranes in labor is a frequent cause, hence I hope you have all been taught that conservative lesson in the conduct of a labor, to let the bag of waters quite alone unless the cervix is greatly distended and dilated, or if the uterus should be paralyzed from over-distension, you might then break the waters. If this practice was better understood in the conduct of a labor, you would certainly meet with a lacerated cervix much less frequently. Upon the frequency of its occurrence Emmet gives no statistics. Goodell says it occurs in 16 per cent. with multipara; Hanks says in 8.4 per cent.; Dr. Pallen in 40 per cent.; Munde in 17 per cent.; Baker in 10 per cent. Certainly an accident of so frequent occurrence should be carefully investigated.

It may occur in any part of the cervix, and may be single or double. Goodell states that the laceration situated *anteriorly* or *posteriorly* may heal by first intention. They are much more serious when situated laterally. When it occurs from the effects of nature, it is more apt to be in the anterior or posterior portion of the cervix; when from forcible dilatation or from the use of instruments, in the lateral portions.

Lateral laceration is most serious probably, because movement of the parts exposed prevents healing and keeps up irritation.

The back and forward movement of the uterus is the greatest it has, and in lateral laceration the fissure crosses the line of motion. Possibly in its rubbing back and forwards the posterior lip of the cervix catches against the posterior wall of the vagina, and is everted, producing what is called ectropium. The swollen and everted lips become eroded instead of ulcerated, as the old doctors taught. The angle of the fissure is the point of greatest irritation. The pressure of the vagina may also tend to keep up the irritation.

In my last lecture I stated that during the process of involution, the uterus underwent a sort of fatty degeneration, and lacerated tissue in that condition is slow to heal.

If laceration has occurred, involution is delayed or prevented, the heavy uterus being largest on the fissured side, drags on the lateral ligament of that side, and a pain and tenderness is felt in its locality, or cellulitis, parametritis, and a host of reflex symptoms may result.

In 1862, Dr. Sims recommended bilateral section of the cervix for sterility, and it was quite extensively tried throughout the country. I did it several times myself. In the light of later developments, it may seem strange that that operation was not followed by evil consequences. The explanation is this: in the operation incised wounds were made in healthy tissue and they quickly healed by first intention.

The diagnosis of laceration is not so easy as may be supposed; it is better ascertained by touch than by sight. Goodell says there is no visible and tangible lesion of the body concerning which so many physicians make mistakes. The cases are diagnosed as something else.

On examining a case of laceration of the cervix, it will be found that there is not a well formed os, the epithelium may be shed, and the Nabothian follicles may be felt like shot from having retained their secretion. They undergo a sort of cystic degeneration. Through a speculum the

lips of the os will appear separated, looking somewhat like a split celery top.

Lacerated cervix is more troublesome in married women than in widows.

Ordinary doctors are not posted upon the subject, and their treatment is of not much benefit. Caustics are used and internal remedies, but nothing more than temporary relief is given. A clear diagnosis gives the key to a rational plan of treatment.

*Treatment.*—Goodell says it is the duty of the physician to examine every woman, before ceasing attendance after labor, to see if there has been any laceration. In that way cases would be discovered in the beginning, and they might be operated upon before the lip of the fissure had healed. Slight lacerations generally need no operative treatment for the lips of the fissure unite without. In every case of laceration strict cleanliness and rest as long as inflammation continues are to be enjoined. In these cases as well as all others, especially after labor, where the lochial discharges have any unpleasant odor, I use injections of *Carbolic Acid* solution, or preferably a solution of the *Officinal Glycerite of Carbolic Acid*, which last is prepared by adding 2 oz. of the acid to 1-2 pint of *Glycerine*; of this preparation add 10 fluid drachms to a pint of water, which inject twice a day. If the fissure is so large that its lips will not unite, I think the sooner sutures are put in the better.

It is rather a new idea, but I think about the tenth day after labor is the best time.

If the sutures are not introduced the patient should be kept at rest, and coition abstained from. Injections of hot water, a gallon at a time, twice daily, and always followed by the introduction of marine lint saturated with *Glycerine*, and packed around the cervix. This marine lint, or carefully prepared oakum, is far superior to cotton, and has mostly superceded the latter in gynecological practice.

You will frequently find the exposed surfaces embraced by the fissure, covered with erosions; these you may touch

with Churchill's tincture of *Iodine*, *Pyroligneous Acid*, *Iodized-Chloral Phenol*, or Squibb's coal-tar *Creosote*. If there is a descent of the uterus, you may introduce a pessary to lift up the cervix. If menorrhagia, or endometritis, sets up, you may use this curette to the whole endometrium. Afterwards apply Squibb's *Creosote-tar*, or the French *Phenal-Sodique*, to the whole interior of the womb.

If congestion is present, it may be relieved by stabs with Buttell's lance-pointed scarificator. This will relieve the enlargement of the Nabothian follicles, and may be repeated in a few days. If you decide to operate for an old laceration, some preparatory treatment is necessary to get the uterus and general system of the patient in such a condition that union will properly take place. A few days may be sufficient in some cases, but Emmet thinks several months may be required in some special cases. The best time for operation is seven days after the menses. The operation, perhaps, does not require so much skill as the ligation of the subclavian artery, but still it is one most difficult. One assistant is required to retract the perineum, another to hold the uterus, and another to administer the anæsthetic, if used. Hot and cold water, vinegar and alum for hemorrhage, sponges and cotton are needed. The patient may be either on her back or side, as you prefer, or on her hands and knees, if she can endure it. After the introduction of a Sims' speculum just before you commence the operation, drench the cervix with an injection of a gallon of hot water, at about 108° Fahr., which is a splendid prevention of hemorrhage. Then the cervix should be seized with a tenaculum and a silk ligature passed through each one of its lips, by means of a perineum-needle held in forceps. These ligatures are to be given to an assistant, who will assist you in drawing down the uterus.

Dr. Goodell uses iron wire instead of a silk ligature for the above purpose, but we prefer the silk.

In some cases I prefer to steady the cervix myself by a tenaculum, or, by using the double tenaculum forceps.

This simplifies the operation, but there are cases where a ligature through each lip will hold them better in position than can be done with the tenaculum.

The edges of the fissures are to be carefully freshened, using some of these numerous scissors which I here exhibit to you. Of all the numerous scissors of Emmet, Goodell and Pallen, which you see here, I wish particularly to call your attention to these sickle-shaped scissors of Dr. Goodell's, made by Gemrig, of Philadelphia. Be careful in cutting the fissure at the angle at the vaginal junction not to wound the circular branch of the uterine artery.

The greatest secret in this operation consists in cutting away all the cicatricial tissue, so that union may not fail to take place, and second, in passing the requisite number of silver sutures, say one suture to two lines of surface denudation. The hemorrhage may be checked by hot water injections, to which you may add a few drops of the *Phenol-Sodique*, which renders the injection antiseptic, as likewise materially adds to the hemostatic properties of the hot water; then you are to carefully wipe all the blood away. After the edges are freshened comes the most difficult part, the introduction of the sutures. The sutures may be inserted by using Dr. Pallen's tocart-pointed needles. The eye of these needles, which I here exhibit to you, is long, so that you can pass your silver wire through them, and bending it flatly upon itself, it can be passed without first drawing it through on silk suture looped, as has usually been recommended by Emmet and others.

These needles can be inserted easily if tightly grasped by Sims', or the new Russian needle-holder, and when brought through may be twisted well upon the tissue, not tight enough to cut through. About four to six sutures will be required upon each side, if the case is a bi-lateral fissure.

As a matter of curiosity as well as interest, I take occasion to here exhibit to you a new instrument for passing these sutures, viz., Cutter's double canulated forceps, a forceps with jaws sharp enough to pierce the

lips of the cervix. Each piece of the forceps is canulated so that when the instrument is closed the opening of one canula meets that of the other, and a silver wire can be pushed from one piece round through the other, when the instrument may be opened and withdrawn, leaving the wire, which must be long enough to be passed through the other lip of the fissure in the same manner. This is a new instrument that I have not tried. Possibly particles of flesh may get between the openings of the two canulas, and it will not work so well in practice as in theory. The sutures may be introduced with this canulated curved needle of Dr. Cutter, and you will notice particularly, that it has two curves, and somewhat resembles an ordinary tenaculum bent on the flat near the curve, at the end. The lips of the fissure are pierced by the needle, then a wire is pushed from the canula, opening near the point, and seized by forceps and drawn through. Then the other end of the wire is passed through the other lip of the fissure. After the sutures are introduced, the wires may be cut and twisted, and the ends covered if necessary, or they may be left long.

Sometimes hemorrhage may be stopped by twisting the upper suture before the others are introduced. The last suture should be more superficial. A tampon of marine lint saturated with glycerine, should be carefully packed around the cervix, after the operation is finished.

The water should be drawn with a catheter for several days. The sutures may be removed in seven or eight days. When I was in New York, in September last, a Professor of Gynæcology that I met, was called upon to remove a suture of silver wire, which he had accidentally overlooked and left in for ten weeks. It had occasioned no ill effect. Before introducing the sutures, care should be taken to adjust the lips properly, for where this has not been done, patients have occasionally suffered from a neuralgia of the cervix—a very unpleasant sequel.

I have shown you a variety of scissors made for this operation, many of them may also be used for vesico-vaginal fistula. The great success of this operation de-



pend upon seeing that after a previous preparation of the patient by appropriate treatment, with the hot water douches, lint and *Glycerine*, Squibb's *Creosote-tar* applications, *Iodized-Chloral* phenol, uterine supports, by a proper pessary carefully fitted, your patient will be ready for the operation; then, with the aid of careful and intelligent assistants, you must have every thing in detail ready at hand, and make a careful and well-planned plastic operation. You may be almost sanguine of success, and have the pleasure of seeing a helpless woman restored to health, by an operation which cannot be replaced by any other treatment whatever.

I can assure you, gentlemen, that in not a few instances which have come directly under my observation and treatment, that ladies have suffered for years with some uterine complaints, which has been denominated prolapsus and ulceration, by their attending physicians; but they have suffered along for years, and become disconsolate, because no treatment has helped them, (possibly they have been palliated,) for the reason that no correct diagnosis had ever been made of their case; but when their cases were properly investigated, and a laceration of the cervix was found to exist, those patients have been informed that by a plastic operation their ailment could be perfectly cured. Do not forget, gentlemen, that lacerations of the cervix may be a cause of cancer, and when the cancerous degeneration has ever set up, a cure is next to impossible. I have seen in the past three years four cases of cancer in young women, which were the result of laceration of the cervix, and aggravated by abortions.

I do not think I need say any thing further in impressing upon your minds the importance of this subject. I hope you will study the matter carefully, for it opens up a great field to the practice of Surgical Gynæcology.

---

MALTINE.—We are trying this most excellent preparation at our College Free Dispensary among the poor and needy sick, and shall have a report of value in a few weeks.—[Ed.]



### **THE MERCURIES.**

---

BY A. C. COWPERTHWAIT, M. D., PROFESSOR OF MATERIA  
MEDICA, IOWA UNIVERSITY.

---

It is possibly unnecessary to attempt saying more than homœopathic literature has already said concerning this, the most important of all metals, the *Hydrargyrum* and its salts. I say important from a therapeutic standpoint. Certainly no drug has been for centuries or is now, of more universal use, and for reasons that are logical and consistent, for it is equally certain that in the pathogenesis of no other drug do we obtain the variety and intensity of action displayed by *Mercury*, affecting as it does in a marked degree, every tissue and organ of the body, and affording a therapeutic range of a wide and comprehensive character. This, however, was not known to be the case until after Hahnemann had not only methodically and systematically arranged the then known curative properties of the drug, but had also, with his characteristic energy, instituted a series of provings that established without question its extensive and remarkable pathogenesis. True, *Mercury* had for centuries been used for the cure of the diseases for which Hahnemann had proclaimed it the true curative agent, yet these cures were shrouded in the darkness of mystery and even superstition, and the drug was looked upon as an omnipotent and dangerous remedy, a true agent of the gods and subject to their decrees, as was their messenger Mercury, from whom it received its name. It thus fell into the hands of the ancient magicians and was by them turned to good account.

Even as late as the fifteenth century it was considered the most daring bravery on the part of Barbarossa, a famous pirate of Tunis and Algiers, who having contracted syphilis, cured himself by taking internally *Quick-silver* ground down with flour and turpentine.

Hahnemann not only established the therapeutic value of *Mercury*, but at the same time he rendered it harmless through increasing rather than decreasing its health re-

storing powers. Probably in no other durg do we have more beautifully illustrated the wisdom of Hahnemann's theories regarding drug proving and potentization, and most certainly in no other drug do we have any more brilliant testimony to the truth and efficacy of the universal law of cure.

Hahnemann's provings of *Mercury* were made principally with a preparation of his own, introduced by him long before the law of *Similia* dawned upon his mind. This preparation is the black precipitate which is produced by the action of concentrated *Nitric acid* on *Quicksilver*; after having added strong *Aqua ammonia* and distilled water. This is the soluble *Mercury* of Hahnemann—the *Merc. sol. Hahn.*, or as I consider strictly the *Ammonio nitrate of mercury*, a preparation once quite popular with the old school, and still highly esteemed and much used by them in Europe; evidently a strikingly effective therapeutic agent, yet from a chemical standpoint as Hughes remarks: "an impure oxide of doubtful and varying composition," and for that reason, if no other, not as valuable a remedy in our hands as the *Hydrargyrum*, or, as we term it, the *Merc. vivus*. However, the fact that most of Hahnemann's provings were made with the soluble *Mercury* and that the pathogenesis of this preparation is better known than that of any other *Mercuriol*, makes it still the favorite preparation of the homœopathic school, and this notwithstanding that Hahnemann, in the latter years of his practice, to a great extent employed the original metal.

These circumstances together with the similarity of action of the two preparations, have led the homœopathic school into what I consider a serious error—that of considering as identical the pathogenesis of the two preparations. Hempel says: "the provings of the solubilis are likewise applicable to *Merc. viv.*, and this statement is more or less generally confirmed by our writers on materia medica. Yet why, is beyond my comprehension. It is certainly unreasonable to suppose that a preparation of *Quicksilver* containing *Nitric acid* and *Ammonia*, is pre-

cisely identical with the *Quicksilver* itself, yet nearly all our modern writers, even the venerable Hering, gives us the symptoms of both preparations as of one under the head of *Mercurius*.

If as a school, we dealt in generalities it might answer, but we claim to act only upon positive evidence, and to deal only with established facts. As well might we therefore, indiscriminately employ, where *Hydrargyrum* was indicated, any *Salt of mercury* regardless of its symptomatology, and, indeed, I fear this is too often done by the physio-pathological branch of our school. But it is certainly contrary to the spirit of our teachings, and cannot be persevered in by him who would be, as certainly all should be, a progressive and scientific physician. True, it is that the general action of all the *Mercuries* are greatly alike, yet to each belongs its distinguishing features. Like the human body, the general form and outlines may be nearly the same, yet to each there is an individual expression possessed by no other. So might we find great similarity existing between other drugs of the *materia medica*—between the *Salts of potash*—between *Apis* and *Rhus.*, yet who would for a moment think of indiscriminately employing the one for the other. Some physicians have only to hear the term dysentery expressed by the patient, and they at once prescribe *Merc. corr.*; others in the same instance would prescribe the *Merc. viv.*, or *sol.* So also some invariably prescribe *Protoid. of merc.* in sore throat, while others give the *Biniod.* when perhaps the *Similia* only existed under the one not selected, or possibly under neither; the physician apparently forgetting that he had any guide for the selection of his remedy outside of the crude generalities of a still cruder system of physio-pathological therapeutics.

Let us briefly examine some of the main points of difference between the different preparations of *Merc.* First, in the emotional faculties we find the *Vivus* alone producing delirium similar to delirium tremens as characteristic, but running all through the group is a condition of anxiety and restlessness, which becomes most promi-

ment in the *Sol.*, where it also gives an ill humor and irritability. This continues next in the *Corr.*, where depression is more marked, and finally anxiety without the ill humor in the *Protoid.*, and ill humor without the anxiety in the *Biniod.*

In the intellectual sphere we find a weakness of memory pervading all the *Mercuries*. It is most characteristic of the *Vivus*, where the memory is greatly impaired and the intellect extremely weak, the condition bordering on imbecility. The *Corr.* comes next, then the *Sol.*, and finally the other preparations.

In the head, confusion and vertigo belong to all. The *Sol.*, has more headache than any other preparation, the whole external head being painful to the touch. The *Biniod.* simulates the *Sol.* most closely, both having as characteristic the "sensation of the head, being bound with a tight cord." The *Corr.* comes next as a headache remedy, its greatest characteristic being a "drawing in periosteum of the skull." In my opinion, the *Merc. viv.* of the preparations mentioned comes last in headaches. Nearly all the mercurial headaches are catarrhal in their origin, though we also have headaches from rheumatism and syphilis. In the eyes we find a marked tendency to catarrhal ophthalmias in all the *Mercuries*, the *Vivus* being most important, and the *Sol.* next. The latter beginning to partake more of the scrofulous as well as the syphilitic. For both the latter varieties and for the ophthalmia neon, *Merc. Corr.* takes the lead. The *Protoid.* is of more benefit in syphilitic, the *Biniod.* in catarrhal and scrofulous varieties. Coryza occurs in all. *Merc. sol.* being the best remedy in ordinary nasal catarrhs. In recent cases, with fluent coryza and great rawness and smarting, the *Corr.* is of most value, but it does not cover the wide range of catarrhs that the *Sol.* or the *Viv.* do. The *Biniod.* is of more value in nasal catarrhs than the *Protoid.*

For carious and decayed teeth, and tooth ache resulting therefrom, *Merc. viv.* is the sovereign remedy. All the *Mercuries* have spongy, bleeding gums. The character-

istic tongue is : *Merc. viv.* black, or red, and swollen, or thick, white coating. *Merc. Corr.* : Tongue greatly swollen and coated thick white, or else dry and red. *Merc. cyan.* : yellow streak on base. *Protoiod.* : lip and edges clean, thick dirty yellow coating on base. *Merc. sol.* : swollen, soft and flabby, showing impress of teeth on margin.

All the *Mercuries* act strongly upon the mucous membrane of the throat. The *Sol.* and *Viv.* are prominent in simple ulceration, or in tonsillitis, but of no value whatever in true diphtheria, and of little use in follicular ulceration. The *Viv.* has more swelling of the external glands, and the fauces have a coppery red color, while in the *Sol.* the characteristic is a sticking pain in fauces when swallowing. The *Protoiod.* acts more on the follicular glands, giving a tough, opaque secretion in the fauces. For this reason the *Protoiod.* is the best remedy we have for the ordinary diphtheritic sore throats (so-called) so prevalent throughout the country during winter, and, as a general rule, it stands at the head of our remedies for true diphtheria. The *Biniiod.* partaking more of the action of *Iodine*, gives more swelling of the glands than the *Proto.*, and when this condition is present in diphtheria it is preferable. The *Cyan.* has been highly extolled in true diphtheria, though probably its virtues have been overestimated. I should only use it in very putrid forms with typhoid tendency, or where there seemed to be a cyanotic condition, weak pulse and syncope. The *Corr.* is little used in diphtheria. It is, however, indicated in all sore throats when there is great burning, dark red fauces ; phagedenic tendency.

The action of *Merc.* on the stomach is not prominent, but upon the liver and intestinal tract do we get its most important and characteristic action. All the *Mercuries* give hepatic congestion, but the *Corr.* seems to be the only one, which in any degree, approaches true hepatitis, while the *Viv.* alone, reaches the chronic atrophy of the liver. Both the *Viv.* and the *Sol.* are among our best remedies in chronic enlargement and induration. The *Viv.* is most

often indicated in jaundice and gall-stones. The *Sol.* and the *Corr.* have the most decided action upon the intestinal tract. In the former the characteristic stool is of green or bloody mucus, with colic and tenesmus worse after stool, and often accompanied by numerous hepatic symptoms. The *Corr.* seems more closely to approach a dysentery of an intense inflammatory character. The stools are frequent, scanty and composed almost exclusively of mucus and blood. The tenesmus is exceedingly distressing and constant, with a tormenting urging to stool, and instead of liver symptoms as in the *Sol.*, we have urinary difficulties — tenesmus vesicæ; urine scanty, hot and bloody. The *Iodides* have no decided action in this sphere.

In diseases of the genito-urinary system *Merc. corr.* takes the lead, being of great value in all inflammatory conditions—nephritis, cystitis, etc. The urine is scanty, hot and bloody, and passed with much pain. It also gives us in its pathogenesis decidedly albuminous urine, and it has proved its efficacy in the treatment of not only Bright's disease, but post diphtheritic and post-scarlatinal albuminuria. The *Merc. sol.* comes next to the *Corr.* in the treatment of urinary troubles. Both are indicated in gonorrhœa, though the *Corr.* takes the lead, especially when the urethral inflammation predominates and is intense, with great burning and smarting during urination. The *Merc. sol.* has a greenish, painless gonorrhœa, worse at night, and gonorrhœa syphilitica. It is, however, in the treatment of true syphilis that *Merc.* has won its greatest laurels. Since the days of Barbarossa it has been in almost constant service, evidently doing immense harm in many instances, owing to the blundering way in which it was used, but, on the whole, doing incalculable service and curing millions of cases.

*Merc. sol.* is most often indicated in the Hunterian hard chancre. The *Sol.* is also our first remedy in chancroids. Its indications are a red chancre on prepuce; or, ulcers with cheesy lardaceous bottom and inverted red (sometimes hard) edges. In chancres assuming a phagadenic

appearance, *Merc. corr.* is the remedy. For syphilitic erosions the red precipitate or *Merc. prec. rub.* In spoiled cases where much *Mercury* has been used, and where there are sycotic excrescences, *Cinnabar* or the *Sulphuret of mercury* is of most value.

Nearly all the *Mercuries* have profuse menstruation as well as leucorrhœa, the *Merc. sol.*, or *viv.*, are most prominent. The characteristic leucorrhœa is always worse at night, itching, burning, smarting, corroding with rawness.

In diseases of the respiratory organs *Merc. viv.* is decidedly the best remedy. In my own practice I always use the *Viv.*, in coughs, influenza, bronchitis, pneumonia, etc., and the *Sol.* in diseases of the alimentary tract, that is. where materia medica does not indicate the difference. *Merc. corr.* must not be forgotten in the treatment of bronchitis when its characteristic burning is present in the chest, with cutting pains, tightness, etc. With many the *Corr.* is the routine prescription for colds on the chest, influenzas, etc. In the various neuroses, *Merc. viv.* is most often indicated.

The range of action of the *Mercuries* in skin diseases is so great that I cannot notice the peculiar difference of each preparation. *Merc. sol.* is of most importance, then *Merc. viv.*, though it is difficult to separate their action upon the skin. The characteristic ulcer is superficial, flat, readily bleeding, lardaceous base, worse from heat of bed and hot and cold applications, also ulcers with elevated turned up edges. Here as elsewhere it is to be regretted that the pathogeneses of the two preparations are so badly mixed that it is difficult to establish the separate action of each.

The aggravations of all the *Mercuries* are quite similar. All are worse at night and from warmth of bed. But the limits of this paper will not allow a further discussion of this important subject.—[*Cin. Med. Advance*, December, 1879.]



## OVARITIS.

---

BY MAY B. PEARMAN, M. D., ST. LOUIS, MO.

---

It is to be regretted that our knowledge of this disease is so limited.

While gynæcologists have made great progress in the diseases of the uterus, their investigations with regard to the ovaries have been rewarded with but few practical results.

The ovaries are more frequently diseased than the uterus itself, but these disorders are not so frequently productive of such dangerous consequences.

The *situation* of the ovaries renders *thorough* exploration almost impossible. Therefore, except when there is great alteration and extension of the tissues, the diagnosis is extremely difficult.

Some *few* facts are known, but as to the frequency of the symptoms and the importance of the chronic forms our information is vague.

Some forms of ovaritis may exist a long time before they give rise to any pain, inconvenience, or impaired function; sometimes they have taken a strong hold before their existence is known.

As the ovaries are so far removed from the general sympathies of the system; so insular in position; so independent in function, they are, therefore, but very little under the control of remedies that affect either the general system or certain portions.

It is probable that during an active state of this disease the usual remedies for inflammatory diseases may be of some efficacy.

But how few flatter themselves that they have ever removed a dropsy or interrupted a suppuration in these organs.

From their very nature the ovaries are variable in their operation and condition; their life power does not act steadily or in one even tenor. They are alternately tor-



pid or highly excited; pale and oligæmic, or red and hyperæmic, and are liable to the many accidents common to organs of an unsteady rate of vital action.

The very texture varies at different stages of life—thus in infancy and old age (when the ovaries are not of essential use) they are as thin as a cob-web.

During the child-bearing period the case is very different—the ovary is now the most essential organ, and each of its follicles has become an aggregation of cells and their texture has become firm and thick, to preserve their important contents.

When we take into consideration the monthly act of developing and eliminating the ovulum, what wonder that so delicate and important an organ should not experience even a greater number of diseases.

*Labor*, too, has its dangers for the ovaries.

It is perhaps true, as Madam Boivin states, “that acute inflammation in the unimpregnated state has seldom been observed,” or rather has seldom with clearness been demonstrated, yet intense pain in the regions of this organ seems to prove that the organs are in a condition, fit to be termed, ovaritis. Among the causes of ovaritis, in the non-gravid state, may be named, disorders of menstruation, the abuse of hot baths, and emmenagogues, and great mental exertion or excitement during the menstrual period, great physical exertion, vaginal injections of astringent washes, or of cold water.

Almost all of *women's* ailments proceed from the womb—men's from the digestive organs.

All *causes* which maintain congestion at a high degree, or prolong it, play a great part in the etiology of ovaritis. In diseases of women, pain as an index often misleads us—diseases of the worst type become incurable, without causing pain; on the other hand pains frequently recur for years, and their cause is a mystery.

In many cases, where the ovarian regions are the seat of dull aching pain, the symptoms are purely neuralgic, and all treatment should be for the general constitution.

Where pain in the ovarian region does not *prove in-*

*flammation*, sometimes by careful percussion a fullness can be detected, due to flatus in the intestine. The bowels should be carefully regulated, as great accumulation of fecal matter in the sacrum will greatly increase the pain in the right ovary, while the movements of the rectum in defecation will effect the left one.

*Some* authors divide this disease into several varieties. But some of these *forms* are seldom clearly defined or isolated—neither internal nor external explorations furnishes CERTAIN signs of Follicular, or Parenchymatous, as there is not a noticeable increase that can be detected in the abdominal walls or by the vagina. But from the *symptoms* presented DURING LIFE, we are certainly correct in dividing ovaritis, at least into *acute* and *chronic*.

The first and most obvious symptom of acute ovaritis, is pain a little to the right or left of the uterus.

This pain is aggravated, by walking, riding, or by external pressure. It is especially intensified by straightening the thigh, when the muscles of the groin, (which extend across the *ovary*,) are put upon the stretch.

The pains extend from the iliac region down the thigh, and are generally of a dull, heavy, dragging character.

That the ovaries *are* sometimes the *seat* of an acute form of ovaritis is not only betrayed by local pain and functional disorder, but *proven* by a discharge of pus above the groin—in the cases where the patient recover—when death occurs, dissection shows a purulent disorganization.

Acute ovaritis in a woman (otherwise healthy) can be arrested, and (although we may not entirely restore the organ to its former condition) the patient shall not again feel pain that she can refer to this first attack.

Many physicians believe that the ovary and its envelopes, having *once* been inflamed are never restored to their original condition.

That, though no symptoms remain, the great change and modification in the tissues and structure of the ovary and its envelopes may form an obstacle to regular ovulation and consequently to conception—although such radical changes usually accompany only chronic ovaritis.

Acute ovaritis may end in suppuration from the twelfth to the fourteenth day.

Such a termination is indicated by the alternate chills and flushings, by softness of the pulse and by increase of throbbing pain, coincident with the lessening of the general symptoms; when this termination does take place the pus may escape by different routes; it has been known to penetrate into the peritoneal sac, and give rise to peritonitis which almost always causes *death*.

Again the abscess may become transformed into a fistula, which will obstinately resist all means of cure.

Differentiation is generally difficult as the symptoms are so intimately associated with those of peritonitis and cellulitis.

The prognosis is favorable though never free from doubt.

When *chronic* ovaritis sets in after acute, there are *changes* in the symptoms—the fever disappears, the pain gives place to a feeling rather disagreeable than painful.

A symptom, that suggests the possibility of a diseased ovary (where there has been no acute period,) is an inconvenient weight in the ovarian region, which increases with walking or long standing, but is especially intensified during the menstrual period. This feeling is sometimes limited to a space less than an inch, at other times it radiates to a considerable distance.

There is a frequent need to urinate, nausea is sometimes complained of, even vomiting may be present. It is a notable fact that the left ovary is by far the most frequently engaged, why, *I* am unable to say.

This sub-acute inflammation is very common, but is not of itself likely to be serious, but the constant pain is very wearing to the patient, and cold, and many other causes, may at any time cause serious symptoms to arise, and so it should not be looked upon as being of no importance.

The symptoms of chronic ovaritis are very perplexing, no two cases presenting the same features. In some,

physical predominate, while in others the mind and nervous system are most decidedly involved.

So great is the sympathy between the uterus and these organs, that many cases supposed to be obscure and unmanageable ones of uterine disorder, are due to this affection. On the other hand we are not to conclude that every pain in these regions is due to ovaritis, as this pain may be sympathetic and entirely dependent upon uterine disorders.

As ovaritis often affects but *one* ovary, the cases are not necessarily followed by dysmenorrhea. Sometimes menstruation occurs several times, without pain. This state of affairs suggests that the matured ovum, at these painless periods belongs to the healthy ovary. When *each* menstruation is accompanied by violent dysmenorrhea, then it may be supposable that either or both are diseased.

After a long continuance of the disease, digestion is much impaired and anæmia takes place. This causes disorders of the nervous system which often result in hysteria.

There are few curable disorders in which the treatment is so unsatisfactory and meagre.

*Treatment*—I have had better results from *Gelseminum* than almost any other remedy, especially when preceding menstruation. We have rigors, and shivering with great irritability, ceaseless excitement of an hysterical nature.

*Apis*, *Bell.* *Conium*, *Hamamelis*, *Bromide Potass*, *Ver.*, *Vir.*, and *Lachesis* may be useful, each, as the symptoms indicate their use.

Where there is reason to suspect gonorrheal or syphilitic taint, the *Mercuries*, or *Nitric Acid*, will generally be indicated.

Great benefit is derived from counter-irritation, which should be kept up for months once or twice a week, particularly during the menstrual period.

Copious injections with warm water, containing a little *Glycerine* into the vagina will also be found beneficial.

Keeping the bowels regular is of the *very first* importance.

Cotton saturated with dilute *Glycerine* and *Bell*, passed into the vagina, will sometimes give relief.

In cases of ovaritis accompanying menstruation, I invariably recommend that warm flannel be worn next the abdomen. I would like to call your attention particularly to *this*, and if sufficient exercise and *pure* air were insisted on, an improved state of the nervous energy, and of the constitution generally would result.

---

### WESTERN TEXAS.

---

*The Great Health Resort For Invalids Suffering From  
Chronic Affections of the Air Passages.*

---

PULMONARY CONSUMPTION, CHRONIC BRONCHITIS, CHRONIC INFLAMMATION OF THE THROAT, CHRONIC NASAL CATARRH, ASTHMA, ETC., ETC.

The most important climatic elements, temperature of the atmosphere, its dryness or moisture, density, electricity, brightness or cloudiness of the sky, the ozone of the atmosphere, &c., will be considered in the comparison of this section with other places having a reputation as health resorts.

Beginning with Minnesota, which has a very severe climate, but for the very short pleasant summers there would be but little to commend it to the invalid. The summer is so short that in most cases there cannot be more than temporary improvement. The winters cannot be endured by invalids from a warmer climate. The mean temperature for the year is 42 degrees. The daily variations amount to 40 degrees. Much of the State is free from malaria and the air is pure. Results represent the State unfavorably, especially for consumptives.

The climate of the western and interior mountain country (Cordilleras) of the States and Territories requires

because of the thousands of invalids  
This vast mountain country of Col-  
ogon, Idaho, Montana, Dakota,  
iles, has a climate notorious  
ges of temperature, also  
r, Colorado, an eleva-  
above the sea, the  
ees. Extremes for  
d 100 degrees above  
ees below and 82 degrees

e daily variation to reach 40  
t be claimed for either of the  
this rare atmosphere on invalids  
e of greater density, suffering from  
the lungs is wonderful. All can un-  
pulmonary consumption the capacity of  
receiving air is more or less curtailed; and  
be very pure, as it is in this mountain coun-  
sufficient cannot be received into the lungs to  
the oxygen necessary to change the blood from  
to arterial, life cannot be supported. The suf-  
must die. If we consider that density of the at-  
phere diminishes in the ratio that volume increases,  
at an elevation of one mile, (that being about the eleva-  
tion of Denver) the density is diminished one-fourth  
and the volume increased one-fourth. Therefore, at  
Denver the invalid has to take into the lungs by each in-  
spiration one-fourth more of air by volume than would  
be required at the level of the sea to receive the same  
amount of oxygen. In health the adult takes into the  
lungs by each inspiration twenty cubic inches of air at  
sea level, at Denver twenty-five is required. The imme-  
diate effect upon the consumptive on reaching that alti-  
tude is the dreadful feeling of want of air, the sufferer  
exclaiming frequently, "I can't get enough air." Ac-  
companying this feeling we find frequent feeble pulse,  
frequent respirations, reaching sixty or more per minute,  
congestion and acute inflammation of lung tissue adja-

cent to parts affected by tubercle; hemorrhages passive or active are common. We see persons having light hemorrhages while walking about, and it is not a rare occurrence to see an active hemorrhage produce death very suddenly. These conditions and facts apply in greater or less degree to this vast mountain country, known as the Cordilleras. It is a good country for diseased liver and spleen, caused by living in a malarious country; also for dyspeptics, but it is evidently the duty of the physician to advise his patients, suffering from pulmonary consumption against going to a country so fraught with danger of dreadful hemorrhages, premature death, etc.

The California coast from Santa Barbara to San Diego has a good climate for consumptives. The air is invigorating, temperature uniform, the range per annum is very small. The great distance to be traveled by most invalids is one of the principal objections to making this selection.

Florida has been well tried by consumptives and has failed to sustain a once good reputation. Malaria, an enervating atmosphere, and the body of cold water coming down from the extreme north, between the coast and gulf stream, reaching a great way if not the entire length of the Florida coast, causing chilly winds several months of the year, constitutes some of the disadvantages of this climate for invalids.

The climates of other health resorts in the United States are very well represented in respect to temperature, character of the atmosphere, &c., by those treated of above. We find an exception in some important respects in western Texas. This section, or "health belt," has become the home of the consumptive, and for those suffering from any of the forms of chronic disease of the air passages.

Western Texas has an elevation of about four hundred to sixteen hundred feet above the level of the sea. The atmosphere is dry, dense, very invigorating, free from fogs and malaria. The following is clipped from the *Texas Sun*. Dr. Peterson has been regarded as one of the most careful and reliable observers.

Dr. Fred. Peterson, who made observations for several years for the government, during the years 1868-1869 and 1870, reports as follows:

1868—	Degs.
Mean temperature of spring months.....	74.33
“ “ “ summer months.....	84.33
“ “ “ autumn months.....	71.35
“ “ “ winter months.....	54.66
“ “ “ whole year.....	71.16
Rainfall.....	46.6 inches.
1869—	Degs.
Mean temperature of spring months.....	66.43
“ “ “ summer months.....	83.1
“ “ “ autumn months.....	67.55
“ “ “ winter months.....	52.93
“ “ “ whole year.....	67.05
Rainfall.....	49.03 inches.
1870—	Degs.
Mean temperature of spring months.....	68.7
“ “ “ summer months.....	83.1
“ “ “ autumn months.....	67.58
“ “ “ winter months.....	52.93
“ “ “ whole year.....	68.36
Rainfall.....	35.12 inches.

The walls of rock or brick buildings never show dampness or mold and there are more bright, beautiful days during the year than bless the famed land of Italy; the skies are as clear, and the blue vault of Heaven more lovely than it can possibly be in Italy. From the middle of September until the end of April, there can certainly nowhere else be found so delightful a climate, and during the summer months the nights are cool and pleasant.

The climate of western Texas according to the isothermal lines, which differ materially from the parallels of latitude, is placed, (San Antonio being the principal city) in average temperature with Guaymas, Mexico, New Orleans, La., Maderia Islands, and Canton. The climate receives some of its mildness from the great ocean current or gulf stream of the Atlantic Ocean, which makes its circuit of about ten thousand miles, bringing its heat from the equatorial region and throwing its warm streams hundreds of miles inland, and it fortunately escapes the chilly winds of the Florida coast, caused by the body of cold water coming from the north and insinuating itself between the land and gulf stream, the coast of western Texas being hundreds of miles beyond its terminus. It is the Pacific Ocean current (Kura Siwo stream) which imparts to the coast climate of California much of its mildness.



**Western Texas** is again favored by nature in the abundance of her disinfectant, (ozone). This element of the atmosphere is so abundant that meats are preserved perfectly in the open air without salt. The bodies of hundreds and thousands of dead animals lying on the prairies emit no odor whatever. It is this with the other elements of a pure atmosphere which removes tubercle and cures the consumptive. It is a well established fact that yellow fever cannot prevail here as an epidemic. It is equally true that ozone constitutes the exemption.

It is a matter of much regret that San Antonio has been misrepresented in reference to small-pox. The disease has not been epidemic since my residence in the city nearly two years; with very few exceptions has been confined to the Mexican settlement, which is separated from the localities inhabited by Americans. I have not heard of a case in the city, even amongst Mexicans, for several weeks; believe strangers are as safe here as in New York or any other city.

San Antonio is a city ancient and modern, has a population of twenty to twenty-five thousand, has railroad communication with all the States.

Good accommodations can be procured in hotels, boarding houses and private families. Some of our citizens have prepared very comfortable places in the country.

JOSEPH JONES, M. D.

---

### *SUBPERIOSTEAL EXCISION OF ELBOW.*

At a late meeting of the New York Pathological Society (*Medical Record*, Oct. 25, 1879), Dr. Lange exhibited a patient upon whom he had performed subperiosteal excision of the right elbow-joint, after Prof. Voight's method, and gave the following history: Patient was nineteen years of age, and had a stiff right elbow from his early childhood. He knew nothing about the cause of this trouble. The arm remained thin and powerless, and any exercising caused pain in the joint, especially during the

last two years. Various methods of treatment were employed but without avail, and the patient finally resolved to get rid of his trouble by an operation.

At that time the patient was in good health. The right elbow was ankylosed at an angle of  $90^{\circ}$ , with a mobility of nearly  $10^{\circ}$ . The tissues about the joint were somewhat thickened, but no fistula or other indication of existing suppuration was present. The olecranon and head of the radius seemed thickened, and they were very painful on pressure, showing chronic osteitis. The operation was performed on the 25th of June by means of a bilateral incision, antiseptically made without spray, and by the bloodless method. The periosteum was carefully preserved; in all those places where important tendons or ligaments had their insertion (olecranon, coronoid process, epicondyles of humerus, etc.), thin layers of bone were separated by means of hammer and chisel, and remained in connection with the periosteum, according to the plan of Voight.

The operation was somewhat tedious and difficult, the periosteum being thickened and tense, and all recesses of the joint obliterated. Lister's gauze dressing was applied. The after-treatment consisted of a dorsal splint of plaster-of-Paris, with elevated position and slight extension. The position of the arm was about  $150^{\circ}$ . After the tenth day position was changed every second day to the extent of from  $75^{\circ}$  to  $150^{\circ}$ . At the end of the third week, articulated silicate dressings (with shoulder piece), which had a movable joint and rubber strips, were applied corresponding to the new joint. The joint allowed a slipping of the bones of the forearm upward and backward, according to the physiological position of the ulna. Active and passive movement were freely practiced by causing the patient to lift a box filled with sand, the amount of which was increased every day. These exercises effected a stretching of the elbow. The arm, by means of the strip, was held in a right angle. The weight of the sand was chosen always a little beyond the strength of the patient to master it, so that it slowly extended the

arm, the patient endeavoring to prevent this, and struggling against the weight by the power of his muscles. The rubber strips kept up a passive dragging of the ligaments and held the bones in a certain adaptation.

After the seventh week the apparatus could be omitted, the new formation of the bones being very significant, and almost complete cicatrization had been effected at the end of fifth week. There had not been any significant discharge since the second week, only those places discharging superficially where the drainage-tube had been introduced.

The reaction after the incision had been quite insignificant. A bloody infiltration of the arm and forearm disappeared under the physiological changes of color, and was reabsorbed without interfering with the healing process.

When the patient was exhibited to the Society, just three months after the operation, the elbow presented nearly its normal shape. Motion was between 80 and almost 180 degrees, without any abnormal lateral movability. The condyles of humerus appeared stronger than normal. Pro- and supination almost normal (had been exercised also methodically every day, the apparatus being removed for this purpose). The head of the radius was well marked, and normally faced the external condyle. The olecranon was distinctly formed, but was a little smaller than normal. Above its apex something like a sesamoid bone could be felt in the triceps tendon. The arm was so strong that the patient was able to lift a chair, seizing it by the leg, and after stretching the arm he held the chair a good while in the air. The flexion to an acute angle was difficult. The specimen showed deep depressions in the articular part of the ulna, especially one behind the base of the coronoid process. Its walls were hard and smooth; they were covered by a dense fibrous tissue which surrounded a small quantity of cheesy matter. All the depressions in the bone were filled with a succulent fibrous tissue, which sent vascularized adhesions to the opposite cartilage; so the process was on its way to cica-

trization. The bones of the humerus were almost normal; cartilage of radius showed some cicatricial depressions; its head had an abnormal process towards the articulation with the ulna, which was entirely obliterated by a dense fibrous mass.

---

## THE CUBAN TARANTULA.

---

BY DR. JOSE NAVARRO, OF SANTIAGO DE CUCA.

---

Translated by ROSWELL D. VALENTINE, M. D., From the "Revue Homœopathique Belge."

The *Tarentula Cubensis* (hairy spider) belongs to the same family genus and species as the *Tarentula Hispana*. As the latter is very well known, I omit the description of the former; besides, I begged a specimen of it from the esteemed Dr. Carroll Dunham, and those who have any interest in making the acquaintance of the spider, can easily satisfy their scientific curiosity, thanks to the kindness of the family of the doctor before mentioned. But however much they may be similar in appearance, they differ in their pathogenetic and therapeutic effects. The Spanish tarantula, originally from South America, and introduced into our materia medica by Dr. Nunez, a distinguished practitioner of Madrid, is a nervous remedy, which acts profoundly and powerfully upon the cerebro-spinal system, and this precious agent has caused the cure of numerous cases of chorea, hysteria, &c.

The *Tarentula Cubensis*, on the contrary, appears to be a toxæmic remedy, which acts directly upon the blood, presenting in this way, a certain analogy with *Crotalus*, *Apis*, *Arsenicum*, etc. The bite of the spider, at first, is easily combatted in its malignant effects by the local application of a lotion made with water and the tincture of *Ledum palustre*. But if the virus is already absorbed and has penetrated into the circulation, then are developed the following symptoms: The bite is not painful in itself, since persons bitten during the night, do not

care for it, until the following day, when they perceive an inflamed pustule surrounded by an erysipelatous areola ; besides this pustule, is seen a red line commencing at the bite, so corrosive is the nature of this virus.

The pustule swells and augments little by little in size, the erysipelatous areola extends more and more ; the third or fourth day generally supervene rigors, followed by a burning fever, accompanied by great thirst, anxiety, uneasiness, headache, delirium, profuse perspiration and retention of urine. The pustule most often increases in volume and is converted into an abscess, wide and extremely painful, terminating in mortification of the tissues which surround it, and the formation of several little openings from which issues a thin sanious pus, which contains fragments of mortified cellular tissue, aponeuroses and tendons. These openings, communicating with each other, enclose vast cavities. At this period the fever puts on the intermittent type with paroxysms in the evening, and there is diarrhœa and great prostration. This totality of symptoms is not produced by every bite of the spider, for it depends probably upon the constitution of the patient and upon the treatment applied ; I have, however, met two cases amongst delicate children which have had a fatal issue. The majority of patients recover after a period of three to six weeks. One day I attended a negro thirty years of age, bitten by this spider ; he was already in the second stage when I was called, and there was diarrhœa, intermittent fever and prostration ; the opening which was spontaneously made for the evacuation of the abscess was so large that it might contain the fist. He got well in two weeks under the influence of *Arsenicum*.

Taught by these facts, which ought rather to be called experiments, I decided to try the medicine in my practice. I prepared the mother tincture after the method of Hering, by introducing one of the spiders alive into a decanter full of pure alcohol, where, under the influence of this immersion, the insect evacuated his poison and the vehicle took a light yellow tint. From this tincture I

prepared the 6<sup>x</sup>, of which I have made use in cases which have appeared to me to present the indications. From the numerous facts of my practice, I will cite the following in order to demonstrate that the law *similia similibus curantur* is never found at fault.

Mr. M. B., 72 years of age, of good constitution, had me called to treat him for an abscess upon the nape of the neck which deprived him of sleep five or six nights, so burning and insupportable was the pain.

There was fever, with intense thirst, prostration, and on examining closely I saw that it was an anthrax attended by its usual retinue of symptoms. I administered to him *Tarentula Cubensis*, a dose every two hours; the pain was much allayed at the second dose and he passed almost the whole night in sleep. The patient returned to health without making use of any other remedy, except *Silicea* to hasten cicatrization.

Madame A. R., aged 50 years, the critical period passed, thin, debilitated, of delicate constitution, had between the shoulders a carbuncle, the burning, sharp pain of which, prevented her from sleeping; she was cured in a few days by *Tarentula Cubensis*.

J. L., a colored man, aged 26 years, bore a large, hard abscess upon his right thigh; the tumor was excessively painful and inflamed, without fever, but with painful tumefaction and induration of the inguinal glands. *Tarentula Cubensis* every three hours. After the second dose the pain was completely allayed, and six days afterwards, the abscess and ganglionic tumefaction had disappeared by resolution.

M. C., a pretty child of nine years, was attacked with tonsilitis (quinsy). Besides different local applications and the use of familiar remedies, she had taken *Mercur. Bin.*, *Bellad.*, *Acon.* and other homœopathic remedies, prescribed by an amateur practitioner. When I was called to examine her I found her with a violent fever, delirium, flushed face, the tonsils so swollen that suffocation was to be feared. A few minute doses of *Tarentula Cubensis* caused in a few hours the disappearance of the swelling, and all the other symptoms.

An old lady, F. L., 84 years old, and, of delicate constitution, had a large carbuncle upon the nape of the neck.

During two weeks she was treated by three physicians of the old school, by means of local applications, emollients at first, then caustics. Finally, recourse was had to the histoury with stimulants internally, *Hydrate of Chloral* and *Morphine* in order to ease the tormenting and burning pain; all this without any ease, for the patient felt herself more ill from day to day. After examination I discovered that all the cellular and muscular tissues was destroyed from the neck to the waist and from one shoulder to the other, leaving a great cavity, at the bottom of which several dorsal vertebræ distinctly appeared; there was also infiltration of neighboring tissues, quotidian fever and diarrhœa. After the fourth dose of *Tarentula Cubensis*, the pain was entirely eased. The third day the line of demarkation of the eschar was apparent, and two days after began the elimination of the mortified portions.

In insisting upon this remedy, and intercalating a dose of *Silicea*, the patient was completely restored seven weeks after my first visit.

These are some cases taken at random amongst those in which *Tarentula Cubensis* has completely satisfied me in a practical point of view. I have made use of it with success in syphilitic buboes which had become painful, and in all kinds of abscesses where pain and inflammation predominated. Its power over the element pain is admirable, acting here, if we dare employ this comparison, like a powerful anodyne. The observations of a single practitioner cannot, however, establish the reputation of any remedy, that is why I submit these clinical facts which confirm it, to the examination and control of my honorable colleagues.

Perhaps new and careful experiments with this substance, will discover new symptoms, shedding more light upon the really efficacious sphere of action of the remedy.

*SOCIETY PROCEEDINGS.*

---

DECEMBER 22, 1879.

Dr. PEARMAN read an essay on Ovaritis,\* giving symptoms and treatment. Then discussion ensued as follows:

Dr. PARSONS; I will not say much at present, but may further on. I will simply remark that I take objections to the paper presented. The essayist says that the ovaries are so far removed from the sympathies of the general system that they cannot be reached by remedies acting through the general system. Now I disagree with her on that point. They are quite centrally located, and are very intimately connected, both in circulation and nerve supply, with the remainder of the organism and I cannot see how they can be considered as remote from the rest of the body. The blood that circulates in the brain this moment may be in the ovary the next; and, if medicine can go from the stomach to the brain, it can go to the ovaries as well.

Dr. VALENTINE: I was pleased with the paper presented, and think Dr. Parsons had no occasion to make the remarks he has concerning it. As for myself, I like the ladies, and I think that if I had followed the treatment recommended by the essayist I might have been more successful than I have in the treatment of this disease. At the same time, I must say I was struck with the statement of the essayist referred to by Dr. Parsons, that the ovaries were remotely connected with the rest of the body. The essayist also spoke of counter-irritation, but did not tell how or by what means applied. She thought the bowels should be regulated, but omitted the most important part—how it is to be done. It is hard, especially for those of us who used to follow the old practice, to refrain from the use of aperients, etc. We rely on the use of *Nux. Sulphur*, *Enemas*, etc., and are often considerably bothered. The matter of regulation of the bowels is one of great importance in many diseases.

\* See Page 433.



It seems to me that the pain in Ovaritis is located higher than the real position of the ovary. The pain is often felt nearly as high as the hypochondriac region, while the ovary is in the inguinal. I think I can give a reason why the left ovary is more often affected: The descending colon, being on that side, when it becomes impacted with feces impedes the circulation in adjacent parts. It may crowd the ovary considerably out of its proper position.

DR. SANBORN: My experience with this disease has been similar to that of the essayist. I employ hot fomentations and flannels locally in connection with internal remedies.

DR. SCOTT: I have often relieved the suffering by hot applications, especially hops. Internally I have used *Cannabis Sat.*, *Cimicifuga*, and sometimes *Gelseminum*.

DR. BOYD: Unlike Dr. Parsons, I think the essay a good one. I have no objection to make. If the ovaries are not remotely located with respect to treatment, I do not know what organ is. The essayist gave a good description of the disease, but omitted two important symptoms. These are a pain in the lumbar region and one in the rectum. I agree with Dr. Scott upon the importance of *Cannabis Sat.*

My favorite local application is a sack containing three-fourths *Hops* and one-fourth *Belladonna* leaves, used hot. In regard to the bowels, the thought of a cathartic does not alarm me as much as it does Dr. Valentine. If any affection is caused or aggravated by an impaction of feces in the colon, I do not hesitate to remove the mechanical obstruction by a cathartic, or whatever other means I deem most effective. In some instances a spoon-handle is very convenient. I do not think we should let the fear of what the old school doctors may say prevent us from curing our patients in the quickest and most sensible manner. I am not fearful lest people should know what remedies I use. If I have a besetting sin it is to tell my Allopathic friends when I have made a good cure with Homœopathic remedies, and to tell them to try the same.

Another symptom of Ovaritis is cessation of the menses. Acute cases are often caused by a stoppage of the menses. The discharge is thrown back, and causes the irritation.

DR. SPALDING: I do not profess to be much of a pathologist, but I may refer to one or two points in connection with this subject. I think that the statement of Dr. Boyd, that at the cessation of the menses matter is thrown back upon the ovaries, needs a little explanation. What is thrown back? Only a very small part of the menstrual discharge is from the ovaries; the bulk of it is from the uterus.

Dr. Parsons spoke about medicine going from the stomach to the brain, and other parts of the body.

DR. PARSONS: Does it not do it?

DR. SPALDING: Yes, certainly. Drugs are taken into the circulation and carried to all parts of the body; but my idea of the dynamic action of drugs is that they, especially when attenuated, pass right through the tissues, as water does through a sponge, and, coming in contact with the nerve fibrils, exert their influence on them. If an attenuated drug is taken into the mouth, or, in some cases, even applied to the skin, it immediately penetrates the tissues with which it comes in contact, and may sometimes exert, through the nervous system, an effect on a remote part of the body before particles of the drug could possibly get there in the circulation. The stomach is not the only road through which remedies must pass to reach the system.

DR. CURTIS: I can inform Dr. Valentine that if he would have his patients eat unleavened bread and fruit he would not be so much troubled to relieve constipation. In the treatment of Ovaritis I have had the best success with electricity and hot applications.

DR. TERRY: I was pleased with the paper. Thirty years of observation have taught me that Ovaritis is an ugly disease to deal with. Over-exercise, whether it be over a washtub, or in lifting heavy weights, or in any other manner, is a frequent cause. In the onset of an

attack I think *Aconite* is one of the best remedies. Other remedies are: *Nux.*, *Sabina*, *Bell.*, *Canab. Sat.*, according to circumstances.

In regard to the use of cathartics. I am often called upon by people who think they are bilious, and who want something to move their bowels. I give them what they want rather than have them go to some other doctor who will. Like Dr. Boyd, I believe in satisfying my patients if I can do it.

DR. PARSONS: Dr. Boyd said that if the ovaries were not far removed from the sympathies of the general system he did not know what organ was. If he means that they are far removed because deeply buried, I would like to ask how he can get at the brain, entirely hid, as it is, from all methods of physical diagnosis, by a solid bony wall; or how he can get hold of the liver, which can only slightly be felt, except when enlarged? The ovaries are easy to reach in comparison to the two organs I have mentioned. Though small, they may be felt distinctly between the fingers when the finger of one hand is introduced into the vagina, and that of the other is used to compress and force down the abdomen on the outside. It may be done more readily when the ovary is enlarged by chronic disease. Sometimes the ovary is prolapsed between the vagina and rectum. Then it may be very easily reached. The slightest touch causes the most excruciating pain. So the ovaries are not so far remote from means of diagnosis, or from the rest of the system, as not to be acted upon by medicines. Remedies taken through the stomach, or in any other way, if we know how to adapt them, will be able to act on the ovaries.

DR. CARRIERE: I agree with Dr. Parsons, that the ovaries are not to be considered as remotely connected with the rest of the body. They are most important organs, and are far from having an existence separate from the rest of the body. They are as readily affected by remedies as any other parts, if we get the right ones.

DR. CUMMINGS. This is an important subject, and I hope we shall hear Dr. Gundelach express his views

before we get through. Affections of the ovaries are very common. The least shock during the continually recurring menses is very apt to irritate the ovaries, and excite congestion or even inflammation and suppuration. I think that true inflammation is not often present in what are called acute cases of ovaritis. Hot applications, injections of hot water, *Opium*, *Bromide of Potassium*, etc., relieve the congestion, but in chronic cases remedies do not act so well. Old school doctors have used *Iodine* locally, and did even try to inject it through the fallapian tube directly upon the ovary. For stinging pains, *Apis* is a good remedy; *Thuja* is good in chronic cases. Carroll Dunham reports one case of ovarian enlargement that had been pronounced tumor by several doctors—cured by *Colocynth*. It takes more than one case to establish the curability of a disease, for we know that bad cases sometimes recover without medicine. I think, though, that we should remember *Colocynth* more than we do in complaints where its characteristic colic is present. An important matter in the treatment of ovaritis as well as uterine complaints, is rest during the menses and while recurring. Graham bread and fruit are far from affording relief in all cases of constipation. The bowels may often be unloaded most effectually with the finger. Emmet says that cathartics aggravate cases where there is acute inflammation. In Chronic cases they do not do o much harm.

[Discussions Continued next month.]

---

### *THE MINER'S LUNG.*

What is called “miner’s lung” is caused primarily by lodging of the coal dust in the cellular portion of the lung-tissue. It acts there as a foreign body, and sooner or later sets up softening and disintegration of the lung substance. Masses of dust can be seen on cutting into the lungs of persons so affected. These masses cut gritty against the knife, or sometimes like India-rubber, and are found to consist of dust and lung-tissue mixed

up, or sometimes they are found in the bronchial glands which exist in the roots of the lungs. Wherever they are they set up inflammation of the surrounding lung-tissue, and by-and-by softening and breaking down of the tissue. In the last case we have a common form of consumption. In many instances there is found a deposit of what doctors call tubercle along with the deposition of the coal dust, and then the disease runs a more speedily fatal course than when it is due to coal dust alone.

---

### **Editor's Drawer.**

---

**DR. T. G. COMSTOCK's** Lecture in this No. strikes the key-note to a "new departure" in the treatment of uterine complaints.

**DR. W. C. RICHARDSON** has removed from 615 Locust street to 721 Chestnut street, St. Louis, Mo.

**D. HAGGART, M. D.,** has sent us several most excellent articles clipped from the Indianapolis daily papers. The one on Hydrophobia we re-print next month.

**MILWAUKEE ACADEMY OF MEDICINE.**—Officers elected for the ensuing year. For President, Sam'l Potter; Vice President, C. C. Olmstead; Secretary, Eugene F. Storke; Treasurer, Lewis Sherman.

**DIED.**—Suddenly, of diphtheria, Prof. W. H. Woodyatt, Oculist and Aurist, Chicago, Ill. Thus has gone, in his early prime, one of the most gifted and promising specialists in any school of medicine.

**T. C. DUNCAN,** of Chicago, is sailing around the College World with a "Quill." When he gets to St. Louis we will "flock together" like "birds of a feather," and show him some *Acids and Alkalis*. We have some money for him too, laid away safely for his coming.

**PROF. S. B. PARSONS** was severely hurt on the 3d inst. by the running away of his horse which was frightened by a steam-fire engine. His head and eyes were badly bruised, and one of his legs slightly fractured below the knee. He is confined to his room, but will be out in a short time.

**COLLEGE COMMENCEMENT AND ALUMNI BANQUET.**—The Commencement will take place on the 11th of March, at St. George's Hall, 7th and Locust Sts., after which a Grand Banquet will be given by the Alumni Association, at the Windsor Flats, to which will be invited the Professors and Students and their friends.

#### **END OF SECOND VOLUME.**—

This number closes the Second Volume of the **ST. LOUIS CLINICAL REVIEW**, and bills are enclosed to all who are in arrears for subscription. Please fold up a \$2.00 bill and send it along, and don't wait for the trouble and expense of a P. O. order. We have a few bound copies of Vol. I on hand for sale at \$1.50 per copy.

PROF. ADOLPH UHLEMAYER.—We are at liberty to say that *of all the experimenters* under the "Milwaukee Test," Prof. Uhlemeyer of our College was the *only one* who named the *right vial*. He was given 10 vials marked *Aconite 30x*, and 10 marked *Arsenicum 30x*. He got results from *Arsenicum* vial. No 1, which was correct. The experiments were made in our College Free Dispensary. *Score another for St. Louis!*

PROF. P. G. VALENTINE:—

I take the liberty of addressing you. Do you know of a good physician, one able to do honor to our common cause, who is seeking a good field for location? I have been here nearly nine years, built up a good business, have a fine home; in fact, my surroundings are pleasant, but owing to the ill health of my wife, must make a change of climate. To a good physician I will close out, and on very reasonable terms. For reference I refer you to Prof. R. Ludlam, Chicago, who has been here, and is my consulting physician. Should you know of any, please hand them my address. I know the right man can come here and make money, as I am doing. I am

Yours, very respectfully,

E. A. CLARKE, Benton Harbor, Mich.

NOTES BY THE REPORTER ON DR. COMSTOCK'S LECTURE, (see page 417.)—Dr. Comstock exhibited a patient forty-four years of age with a bilateral fissure of the cervix up to the vaginal junction, upon each side; the woman had been confined some seven years ago with twins, and had been out of health ever since, and treated for "womb complaint, and prolapsus." She had had at least twelve physicians, who had never diagnosed the case as one of fissure. The uterus was really prolapsed, the length of the canal measuring three inches plus, clearly showing sub-involution. She has been under treatment for some weeks, by hot water douches; the erosions of the cervix were punctured three times a week with Buttler's lance, and then *Iodized-chloral Phenol* afterwards applied; then the *Marine Lint* and *Glycerine*. As soon as the erosions are cured, and the cystic development of the Nabothian follicles destroyed, the operation will be made.

It might be well to state to the readers of this Journal, the formula for the *Iodized-chloral Phenol*:

R. *Iodidi resublimati*, ounces ss;  
*Acid. Carbolic crystal.*  
*Chlorali, aa.* ounces ji. M.

The *Iodine* and *Chloral* are rubbed down into a powder in a glass or porcelain mortar, and the *Carbolic acid* liquified by heat is then added.

The *Phenol-Iodique* is a French preparation, most excellent as an antiseptic, and especially useful in hemorrhages. It is a preparation which every Obstetrice, as well as practitioner of Gynecology should have in his bag. It is an Alcoholic tincture of coal-tar saponified. It may be had of any reliable pharmacist, and is now prepared by Hance Bros., in Philadelphia.

Churchill's tincture of *Iodine* is now officinal and may be had of all reliable pharmacists.

P. G. VALENTINE, M. D.—

DEAR DOCTOR: Last month I had occasion to visit Texas, and

spent two days in Denison with some friends, who are very anxious to have a good homœopathic physician locate there.

I desire to call the attention of those looking for locations, to this town. It is probably 10,000 inhabitants, a good railroad point, and bids fair to be a "big" town.

I shall take pleasure in answering any inquiries about the country surrounding Denison, and to the right man will be happy to give a letter of introduction to families in Denison.

Very respectfully, W. JOHN HARRIS, St. Louis, Mo.

**HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.**  
—The twenty-ninth annual meeting will be held in the Common Council Chamber, City Hall, Albany, Tuesday and Wednesday, Feb. 10th and 11th, commencing at 10 o'clock A. M.

**THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE**, spring session, 1880, commences Tuesday, March 9th, and lasts six weeks.

The Faculty of the New York Homœopathic Medical College would announce to the Profession and to Students of Medicine, that the Spring Course for 1880 will commence on Tuesday, March 9th, and continue six weeks. There will be four Lectures each day; two in the morning and two in the afternoon; one hundred and twenty in all. Saturdays will be reserved for Clinics. This Course will be adapted to the wants of advanced Students and Graduates of Medicine, and will include, among other subjects of interest, Microscopy, Physical Diagnosis, Laryngoscopy and Rhinoscopy; Aural Surgery, Ophthalmology, special departments of Surgery and Gynæcology; Orthopaedic Surgery, Electrolysis, and Medical Electricity; Pharmacology, Toxicology, and the Analysis of Urine. For particulars apply to

J. W. DOWLING, M. D., 313 Madison Avenue.

[From a Graduate of 1878.—ED.]

FORT BRANCH, IND., December 27, 1879.

**PHILO G. VALENTINE, M. D.:**

*Dear Doctor*—Up to date my practice has been gradually increasing, and I am happy to say that it embraces the intelligence and wealth of the community. I am satisfied with the situation. Have treated many cases, the most unpromising, with most happy results.

Since the middle of last January I have treated twenty-three cases of Pneumonia—curing every case—three cases of Typhoid Fever, with several cases of Typho-Malarial Fever, all coming to a good recovery. Attended thirty-five confinements, including three breech presentations and one pair of twins weighing 18 pounds; all doing well; one stillborn and one premature delivery. Treated seven cases of Chorea, curing every case within the space of six weeks. Cured a bad case of Dropsy—given over to death by Allopaths and Eclectics; did it with Arsenicum 2d in the space of two months. Treated over three hundred cases of Intermittent Fevers and many cases of Remittent Fevers, curing every case. During the present winter and fall have treated twelve cases of Scarlet Fever; no deaths, all came to favorable recovery—one little girl dropsical. Many other cases too tedious to mention. Have lost but one patient—a little scrofulous infant nine months old. Two or three consumptives who resorted to me in their last hours died, as a matter of course.

Some time I may furnish you an interesting case for your paper. Hoping all is well with you, I remain yours, etc.,

W. M. MEDCALF, M. D.



## INDEX TO VOLUME II.

---

### A.

A Case of Nocturnal Epilepsy of Eleven Years' Standing.....	241
A Case of Fistula in Ano.....	134
A Case of Empyema in which a Portion of the Ribs were Excised.....	374
Address of Dr. Philo G. Valentine at the Opening of College Course, Oct. 8, 1879.....	277
Advantages Derived by Western Students Attending Western Colleges.....	87
A Few Thoughts on the Scientific Relations of Our Materia Medica.....	226
After Pains—Diagnosis and Prognosis of.....	54
A Letter from one of Our Lady Graduates.....	52
A Lying Thermometer.....	367
American Institute Rendezvous.....	144
American Institute of Hom. at Lake George.....	240
Amyl—Nitrate of, in Orbital Neuralgia.....	270
Annual Alumni Meeting and Banquet.....	41
Annual Report of the House of Shelter.....	298
An Open Stomach and Singular Longevity.....	196
Another Victory.....	416
A Poem.....	121
A Reply to the Annual Address, entitled "The Medical Pro- fession.....	121
Arctus Lappa, or Lappa Major.....	369
A Supposed Germ of Yellow Fever.....	103

### B.

Barton's Fracture.....	71
Board of Health—National.....	83
Body Snatchers Sentenced....	202
Book Notices.....	372
Books and Pamphlets Received.....	38, 79, 123, 159, 200, 291, 416
Books Received.....	33, 77, 114, 154, 199, 288, 414
Bright's Disease and Ice Water.....	293
Bureaux for the Joint-Convention of Western Academy of Ho- mœopathy and Missouri Institute of Homœopathy.....	41
Bureau of Mat. Med. Pharm. Prov. in Am. Ins. of Hom.....	295



## C.

Campbell, Dr. J. A.....	238
Case of Diphtheria.....	326
“ “ Fistula in Ano.....	134
“ “ Empyema .....	374
“ from Hot Springs, Ark.....	15
“ of Hysteria .....	93
“ “ Nocturnal Epilepsy of Eleven Years Standing.....	241
“ “ Singular Longevity.....	196
Characteristics that should Distinguish the Physician.....	60
Chronic Splenitis Cured.....	374
Circulation of the Blood Visible.....	366
Clinical Case.....	102
“ Surgery .....	396
Clinic—On Disease of Brain and Spine.....	176
College Announcements.....	238
Commencement of N. Y. Hom. College.....	74
“ “ Mo. Hom. College.....	41
“ Address to Class of 1878-9 of Mo. Hom. Med. College .....	8
Comstock, Dr. T. G.....	238
Correspondence .....	182, 377
Crime, Is it a Disease.....	49
Croup Differentially Considered.....	388
Cystitis.....	361

## D.

Deaths from Patent Pile Remedy.....	41
Delinquent Subscribers.....	415
Diagnosis and Practice as an Exact Science.....	364
Died, Dowling.....	160
“ Dr. C. J. Hempel.....	294
Diphtheria—A Case of,.....	236
“ A Report on,.....	233
“ Versus Cold.....	46
Discussions of St. Louis Med. Soc.....	387
Divisions of Insanity—A Lecture.....	392
Double Uterus with Double Conception.....	374
Dowling, Prof. John W.,.....	374
Duncan Bros., of Chicago.....	160
Dysmenorrhœa.....	257

## E.

Editor's Drawer.....	39, 80, 123, 160, 202, 238, 294, 334, 373, 415, 454
Editorial Jottings.....	108
Effects of Fright.....	216
Eminent Authors on the Use of Condensed Milk.....	203
Embryotomy.....	85

*The St. Louis Clinical Review.*

iii

Epilipsy, Nocturnal.....	241
Extract from an Address by S. B. Parsons, M. D., to the St. Louis Hom. Med Soc.....	265
Extracts from the Proceedings of the St. Louis Hom. Medical Soc.....	89, 125, 281, 297, 449
Examinations—Ophthalmic and Aural During the Proving of Remedies.....	273

F.

Fever, Infantile Remitting.....	165
“ Remitting Infantile .....	165
“ Typhoid, Germs of in Ice.....	335
“ Typhoid, Its Temperature.....	6
“ Yellow.....	43, 238
“ “ Supposed Germ of.....	103
“ “ In the United States.....	239
Fistula in Ano.....	134
Fistula, Recto-Vesico-Vaginal.....	194
Franklin, Prof., and The University of Michigan.....	202
For the Bureau of Statistics.....	412
Fright, Effects of .....	216

G.

Gathering of the Clans.....	84
Gold as a Remedy in Disease.....	267
Goodman, Dr. C. H.....	160
Good Openings in the South for Homœopathic Physicians.....	334
Graduates this Spring from our Homœopathic Colleges.....	82
Grafting Extraordinary .....	232
Gundelach, Dr. Charles.....	160

H.

Hare-Lip.....	16
Health, National Board of.....	83
Hemorrhage, Passive Uterine.....	250
Hempel, the late Dr. Chas. J.....	335
Homœopathic College Commencement.....	41
“ “ Dispensary.....	32
Homœopathy in Michigan.....	161
Hysteria, a singular case of.....	93

I.

Infantile Remitting Fever.....	165
Insanity, Divisions of, A Lecture.....	392
Insanity, A Lecture.....	354
Inter-Collegiate Conference of Homœopathic Colleges of United States.....	82

## K.

Is Crime a Disease.....	49
Is Homœopathy an Example of Hasty Inductions.....	57
Is it Identified? The Yellow Fever Germ.....	103
Kansas and Mo. Valley Homœopathic Medical Society.....	163
Kindergarten versus Eyes.....	147
Kind Words Kindly Spoken.....	373

## L.

Lactopeptine.....	82, 161, 276, 413
Laceration of the Cervix Uteri, and its Cure by the Operation of Hystero-Trachelorrhaphy—By T. G. Comstock, M. D.....	417

## M.

Maltine.....	415
Married .....	294
“ Our Prof. Foulon.....	160
Marriage, By the Microscope.....	225
Marks, Surface.....	63
Materia Medica .....	406
Med. Col. (Hahn.) of Chicago.....	158
“ Convention.....	84
“ Legislation.....	1
“ Society Discussions.....	337
“ “ (Hom.) of the Wabash Valley.....	161
“ and Surgical Surface Marks.....	23
Microscope, Marriage by,.....	225
Michigan, Homœopathy in.....	161
Milk Swill.....	212
Milwaukee Test.....	83 95
More Drs. in St. Louis.....	84

## N.

Names of Advertisers.....	367
National Board of Health.....	83
Nitrite of Amyl in Orbital Neuralgia.....	270

## O.

Off for Denver.....	124
Officers of Western Academy of Homœopathy.....	84
Officers of Missouri Institute of Homœopathy.....	84
Open Stomach.....	196
Ophthalmic and Aural Examination during the Proving of Rem- edies.....	273
Orme, Dr. F. H., Atlanta, Ga.....	83
Our Advertisers.....	234

## *The St. Louis Clinical Review.*

v

Our College. ....	234
Our College Dispensary Clinics.....	234
Our College Museum and Library.....	273
Our Prof. Foulon Married.....	160
Ovaritis—By May B. Pearman, M. D., St. Louis.....	438

### P.

Passive Uterine Hemorrhage.....	250
Pay up.....	84
Plague Mastered.....	39
Plantago Major a Tobacco Antidote.....	218
Post Mortem of Dr. D. R. Luyties.....	17
Practical Hints in Diagnosis and Treatment of Uterine Diseases and Displacements.....	248
Provings—How they should be improved.....	271

### R.

Recto—Vesico-Vaginal Fistula.....	194
Remitting Fever—Infantile.....	165
Removed .....	334
Reports from Eminent Authors on Condensed Milk.....	203
Report on Diphtheria as it appeared in Cedar Rapids, Iowa, 1879.	233

### S.

Santonine .....	220
Singular Case of Hysteria.....	93
Singular Longevity. ....	196
Splentis, Chronic, cured.....	374
Spring Course in our College.. ....	415
Stomach, open.....	195
Supra-Orbital Neuralgia cured by nerve-stretching.....	375
Surface Marks.....	63
Swill Milk.....	212
Subperiosteal Excision of Elbow.....	442

### T.

The American Institute Rendezvous.....	144
The American Institute at Lake George.....	240
The Cuban Tarantula—By Dr. Jose Navarro, of Santiago de Cuba.....	445
The Divisions of Insanity—A Lecture.....	392
The Effects of Fright.....	216
The late Dr. Hempel.....	335
The Milwaukee Test.....	83, 95
The Mercuries—By A. C. Cowperthwaite, M. D., Professor of Materia Medica, Iowa University.....	426
The Miner's Lung.....	453

Howard, E. Y.,	"	.....Cincinnati, O.
Haynes, J. R.,	"	.....Indianapolis, Ind.
Jones, Joseph,	"	.....San Antonio, Texas.
Jones, S. A.,	"	.....Ann Arbor, Mich.
Kershaw, J. Martine, M. D.	.....	St. Louis, Mo.
King, Allen Mott,	"	.....St. Johns, New Brunswick, Canada.
Lippincott, E.,	"	.....Bowling Green, Ky.
Lobough, J. J.,	"	.....Elmwood, Ill.
Morgan, W. B.,	"	.....St. Louis, Mo.
Mosely, J. H.,	"	.....Olathe, Kan.
Murphy, E. A.,	"	.....New Orleans, La.
Parsons, S. B.,	"	.....St. Louis, Mo.
Phillips, W. A.,	"	.....Cleveland, O.
Potter, Samuel,	"	.....Milwaukee, Wis.
Pearman, May B.,	"	.....St. Louis, Mo.
Richardson, W. C.,	"	....." "
Runnels, M. T.,	"	.....Indianapolis, Ind
Roberts, T. G.,	"	.....Washington, Iowa.
Sanborn, E. M. E.,	"	.....St. Louis, Mo.
Sanders, J. C.,	"	.....Cleveland, O.
Sarchet, G. B.,	"	.....Charleston, Ill.
Scott, A. E.,	"	.....St. Louis, Mo.
Spalding, C. W.,	"	....." "
Terry, P. A.,	"	....." "
Uhlemeyer, A.,	"	....." "
Valentine, Philo G.,	"	....." "
Valentine, Roswell D.,	"	.....Canton, Ill.
Van Norman, H. B.,	"	.....Cleveland, O.
Walker, G. S.,	"	.....St. Louis, Mo.
Whitney, L. E.,	"	.....Lincoln, Mo.
Williamson, J. T.,	"	.....Cincinnati, O.

75263

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME III.

ST. LOUIS, MO., MARCH 15, 1880.

NUMBER 1.

---

## *FOREIGN BODIES IN THE EAR.*

[Read at Joint Convention of Western Academy of Homœopathy and Missouri Institute of Homœopathy, May 9, 1879, St. Louis, Mo.]

---

BY JAMES A. CAMPBELL, M. D., ST. LOUIS,  
Prof. Ophthalmology and Otology. Hom. Med. Col. of Mo.

---

The above title in reality would include foreign bodies in any part of the auditory apparatus, but I shall qualify it by taking into consideration only the *meatus auditorius externus* or outer canal of the ear. It is not uncommon for foreign bodies to become lodged in this canal, some times by accident and occasionally by design. All kinds of strange things have been deposited there, beans, beads, buttons, seeds, pebbles, slate pencils, insects and innumerable other foreign bodies. But as a writer has very properly said, "The presence of these bodies is usually less injurious than the attempts to remove them. And upon this topic Trœltzsch spoke a truth when he said, "Suppurative processes in the ear are indifferently regarded, or considered as a sort of a 'noli me tangere,' while a harmless bit of bread or paper, a grain of shot or a pea is followed up with unrelenting fury." But a foreign body in the ear is found sufficiently often to call it almost an every day occurrence, and the physician will be called upon to remove it, and the question is, how should this be done? Sometimes it is a very simple matter, but

at other times it will be found to be an exceedingly difficult undertaking, as probably some of you have found out.

I shall not impose upon your time to go into an historical account of the laughable and ridiculous expedients which have been suggested for the removal of foreign bodies from the ear; many of them are indeed incredible. The amusing and in some respects the ridiculous aspects of the subject may be represented by the proposition of Arcularius, who recommended that when an insect was in the ear, that the head of a recently killed lizzard be placed in the ear, and three hours afterward the insect would be found in the lizzard's mouth. Or Bermond in 1834, who removed a bean from the ear by placing a leach upon it. Or the celebrated Itard in 1821, who gravely recommended that seeds be left in the ear until they had sprouted, and then that they be removed by the sprouts.

A description of the innumerable instruments, that have been invented for the removal of foreign bodies from the ear would make a good sized volume. And the fact that so many various forceps, hooks, perforators, drills, picks and other devices have been invented for this purpose, shows that after all it is a subject of considerable importance.

Before we can come to an intelligent comprehension of the subject of the removal of foreign bodies from the external *meatus*, it will be necessary to direct our brief attention to the *Anatomy* of the parts concerned. In the adult the *meatus auditorius externus* is a canal about one inch long, extending from its external orifice at the *Auricle* to the *Membrana Tympani*, which stretches across the bottom of the canal terminating it. The inner two thirds of the canal is bony, the outer third is cartilaginous. The canal has various curvatures and generally varies also in calibre in its course. The *Membrana Tympani* is not placed perpendicularly across the end of the canal, but at an angle. This angle varies somewhat, but in the adult the angle it makes with the superior wall is about  $140^{\circ}$ ; with the inferior wall it is about  $50^{\circ}$ . Now

•

in the infant these conditions are different. The bony auditory canal is undeveloped, hence the canal is that much shorter; and the inferior angle of the *Membrana Tympani* is very much more acute, the drumhead in reality approaching very nearly to the horizontal. The diagrams which I have here drawn will perhaps render this brief description more intelligible. You will see from this, that in the depths of the ear canal there is an acute angle, into which it is possible for a small foreign body to become lodged in such a manner, that its extraction would be difficult.

Let us now proceed to consider the treatment for foreign bodies in the ear.

The first and all important thing, is to know positively that there is a foreign body present before we attempt to remove it. This may seem superfluous advice, but there is more than one case on record where the statement of the patient or the nurse was accepted in full faith by the surgeon, and a blind gouging around resulted in nothing but severe and at times permanent injury to the parts concerned. The external *meatus* should be well illuminated by means of an ear mirror, with a speculum in position if necessary, for thus and thus only the exact location, size and character of the offending body can be determined. If the foreign body is lying near the external orifice, is small, or is of such a shape that it can be readily taken hold of, a pair of angular ear forceps delicately manipulated, will often be all that is necessary for its speedy and painless removal. But it is often more deeply situated and may become wedged into the inferior acute angle spoken of above. It is then that more care and skill are required. The great instrument for the removal in these cases, as indeed I may say in the greater majority of all cases, is the syringe. So valuable is it, that we may safely use it in almost every case. From a blunt pointed nozzle inserted nearly into the *meatus*, a stream of warm water is steadily forced into the canal, and if persisted in it rarely fails to bring away the foreign body with the return flow of water. If it be



a live insect in the ear, the simplest and best method is to fill the *meatus* with warm water, when the insect is either drowned and floats out to the orifice, or it speedily makes its appearance in its endeavors to escape.

. There are cases however which, instead of being thus easily relieved, require the utmost ingenuity and skill to remove the foreign body. This is especially the case when from frequent and repeated endeavors to remove some harmless body by the patients numerous friends, it has been pushed still deeper into the canal, and possibly through the drumhead into the tympanic cavity. The parts are lacerated and swollen, and become excessively sensitive, and particularly in children, the most frequent subjects, will not tolerate the lightest touch. In such cases as these an anæsthetic must necessarily be used. In cases where the foreign body is itself of an unirritating nature, and the irritation has been caused alone by the misguided efforts to remove it, it is much better to wait a few days until the inflammation subsides somewhat before attacking it. Any discharge should be carefully and gently syringed away with warm water, and the patient kept in quiet under the immediate supervision of the physician. If after proper and persistent use of the syringe we fail to remove the foreign body then instrumental interference becomes necessary and advisable. If the body is deeply imbedded and the parts are inflamed and sensitive the patient should be placed under an anaesthetic, particularly if it is a child. The head should be firmly held and the parts well illuminated by means of the mirror attached to the forehead, thus allowing the free use of both hands. The most suitable instrument to use will depend very much upon the case. Often with an angular probe carefully manipulated, we may loosen up the body so that it may be readily syringed out. A delicate pair of angular forceps with fine tooth points slightly projecting, is an instrument of great value in these cases; but success will often depend more upon the manipulation than upon the instrument.

There is a long list of probes, spuds, spirals and other

devices to choose from, but it is seldom necessary to have recourse to them, in fact, it would be no great loss if a majority of them were forgotten.

When the foreign body is smooth and round, as a glass bead, button or other similar substance, and we are unable to take hold of it with the forceps, or other instruments, then other means may be used. Several devices which have been suggested deserve mention. A machinist, in New England, removed a foreign body by making a strong solution of gum shellac in alcohol, and placing it upon some cotton in a quill, it was brought in contact with the foreign body, and allowed to adhere by remaining in this position for twenty-four hours, when they were both withdrawn together.

Dr. Lowenberge's suggestion was similar. He used a small brush dipped in joiners' glue, and allowed it to remain in contact with the outer surface of the smooth body until it had hardened there, and then withdrew both together.

Dr. E. H. Clark, of Boston, recommended that when the foreign body was a smooth, hard ball, that a small square of adhesive plaster, with a thread passed through it, be placed in contact with the foreign body and sunlight concentrated upon it by a lens, thus causing it to adhere, when the body could be withdrawn by the thread.

All of these suggestions may look most inviting upon paper, and, theoretically, they are all that could be desired. No doubt but there may be found cases where they can be readily applied, but the unfortunate part of the matter is, that, especially in children, the calibre of the external *meatus*, even in its normal condition, is generally so small that it may interfere very much with the ready application of these ingenious suggestions. If the canal is crooked, or its diameter contracted by swelling, it all the more complicates the case, and thus very little of the glue or shellac would remain upon the brush by the time it reached the foreign body. And the concentration of sunlight upon the adhesive plaster by means of a lens, under circumstances like these, would be no easy matter. Again,

if the foreign body was small, round and hard, and wedged into the acute inferior angle spoken of, it is possible for the glue to become attached, not only to the offending body, but also to the *Membrana Tympani*, and attempts at removal after it had adhered, might not only bring away the bead, or button, but also a part or all of the delicate drumhead. Of course, it is not presumed that any of these methods would be employed unless the case was a suitable one, and their use was clearly indicated.

Over two thousand years ago Hippocrates suggested that the auricle be detached when it was found impossible to remove a foreign body through the canal, and the operation has been advocated and performed in modern times in certain peculiar cases; but such cases are very rare. It is possible for certain foreign bodies to be so situated, deeply in the ear, that they may cause very grave symptoms, produce convulsions, paralysis, and even fatal results. When such a threatening case is before us, we should not hesitate to use the most prompt and vigorous means to remove the foreign body, even to detach in part the auricle if found necessary.

If after the removal of the foreign body, there remains in the canal any inflammation or irritation, appropriate after treatment should be applied. If any discharge is present it should be gently syringed away with warm water and a few drops of some weak astringent lotion should be dropped in; a weak solution of biborate of soda or of sulphate of zinc in equal parts of glycerine and water, warmed, will answer.

It may not be uninteresting for you to examine a few of the numerous instruments designed for the removal of foreign bodies from the ear, which I here present for your inspection. But I cannot close without again emphasizing the fact, that the syringe properly used, is after all the great instrument for the removal of foreign bodies from the ear, in by far the great majority of cases; and that when it is necessary to use other instruments, success often depends, as in all other operations, more upon the operator than upon the instrument used.

**FINAL REPORT ON THE MILWAUKEE  
TEST OF THE THIRTIETH  
DILUTION.**

---

The Milwaukee Academy of Medicine, in completing the Pathogenetic and Therapeutic Test of the Thirtieth Hahnemannian dilution, makes the following report:

That the unavoidable delay in making the report, was due to the removal of the depository, Rev. G. T. Ladd, from this city, to Brunswick, Maine; to his absence from home, caused by the illness and death of his father, and to the tardiness of the reports from the experimenters.

That in carrying out the provisions of the test, we have adhered strictly to the details of the plan for a scientific test of the pathogenetic and therapeutic action of the thirtieth Hahnemannian dilution; full particulars of which, were published in the circular issued by this society in December, 1878. The *object* of the test and the *modus operandi* were announced as follows:

\* \* \* "The object of this test is to determine whether, or not, this preparation can produce any medicinal action on the human organism, in health or disease.

"A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of *Aconite*, and nine similar vials, moistened with pure *alcohol*, so as to make them resemble the test pellets, shall be given to the prover. The vials are to be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10. The number given to the *Aconite* vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials contains *Aconite*.

"These preparations are to be put up with the greatest care, in the presence of the members of the *Milwaukee Academy of Medicine*, and then placed in the hands of an unprejudiced layman of unimpeachable honor, who shall number and dispense the vials as they are called for by the provers.

"The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of *Aconite*, and who have faith in the efficacy of the thirtieth dilution."

\* \* \* \*

"Preparations of *Arsenicum album*, *Aurum metallicum*, *Carbo vegetabilis*, *Natrum Muraticum* and *Sulphur* in the thirtieth Hahnemannian dilution, made with the same precautions and care as this of *Aconitum*, shall be used as a test of the *therapeutic* powers of the thirtieth dilutions. In consideration of the inconvenience of experimenting on the

sick, arising from popular prejudices, the number of vials of "un-medicated" pellets may be limited to one for each remedy, and the experiments tried mostly in chronic diseases. The real gain to the healing art, which will be accomplished by the establishment of the truth or falsity of the theory of "potentization," will amply compensate for the risk of delaying a few cures.

"The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indications of the remedies tried and who profess faith in the efficacy of the thirtieth dilution. \* \* \*"

The committee appointed by the Milwaukee Academy of Medicine, for the purpose of making arrangements to prepare a scientific test of the efficacy of the Thirtieth Hahnemannian Dilutions, reported as follows:

**MR. PRESIDENT:** Your committee have carefully considered the plan proposed in Dr. Lewis Sherman's paper, for testing the efficacy of the thirtieth Hahnemannian dilution, and we are unanimously of the opinion that the test proposed in that paper is fair and honorable, and that the interests of science demand that it should be made.

We recommend,

That our society undertake to carry out the provisions of this test, and that to this end the essential features and the practical details of the test be given for publication as soon as practicable to every regular Homœopathic periodical printed in the English language; and that translations of the same be sent to every known regular Homœopathic periodical printed in foreign languages; and that all other appropriate and accessible means be employed to give the test publicity.

That the directions given by Hahnemann for the preparation of the thirtieth dilution be followed with the most scrupulous exactness; that the *Alcohol* used be of the purest quality obtainable, and that to this end, a quantity of the best, so-called "Homœopathic Alcohol" be redistilled in glass for the purposes of this test.

That the Rev. Geo. T. Ladd, of Milwaukee, be selected to number and dispense the vials of test pellets as they are called for by the provers and experimenters; and that he give a solemn pledge that he will not, in any manner, reveal to any person which of the preparations coming from his hands have been medicated with the thirtieth dilution, until he shall have been called upon to do so by this society, and that he will use every means in his power to preserve the purity of the materials entrusted to his care, and to make the test fair and honorable.

That all provers and experimenters be required to send their reports to the secretary, Dr. Albert Schloemilch, before the first day of December, 1879; and that the result be published in full about the first of January, 1880.

And finally, That this society appropriate a sufficient sum of money to defray the expenses of furnishing and delivering the test pellets of *Aconite* to one hundred provers—these being selected from the first who apply—and that the other provers and experimenters be required

to pay in advance to the secretary of the society the sum of thirty cents for each set of test pellets sent them.

Milwaukee, Dec. 3d, 1878.

EUGENE F. STORKE, M. D., ALBERT SCHLÆMILCH, M. D.,  
ROBERT MARTIN, M. D., G. C. McDERMOTT, M. D.  
E. M. ROSENKRANS, M. D., O. W. CARLSON, M. D.  
JULIA FORD, M. D.,

The society unanimously adopted the report, and has used every possible means to give the test publicity.

We would further report: That the medicines used in making the dilutions for the *Therapeutic Test*, were obtained from the pharmacy of Messrs. Boericke and Tafel, and the *Aconite* tincture was tested by several members of this society, and found to produce its pathogenetic effects.

That the dilutions were made by this society, in accordance with the Hahnemannian directions for the preparation of the thirtieth dilution.

That at a regular meeting of the society, held April 1st, 1879, the following resolution was unanimously adopted:

“Upon application by any Professor in a Medical College, or any other public advocate of the High Potencies, the Academy will prepare and furnish the 30th Hahnemannian Dilution of *any remedy* in common use, for the purpose, and in accordance with the terms, heretofore published in the pamphlet entitled ‘A Test of the Thirtieth Dilution.’ ”

That in accordance with various requests of the provers we have prepared in addition to the dilutions mentioned in the pamphlet, *Pathogenetic Tests of Nux Vomica, Belladonna and Arsenicum Album, and Therapeutic Tests of Sulphur and Digitalis.*

That the bottles containing the thirtieth dilutions, thus prepared, together with a bottle of the alcohol used in their preparation, were given directly into the custody of the depositary.

That he was also supplied with pure sugar pellets, vials and mailing boxes, and that he was requested to medicate the pellets, and dispense them according to orders, which he might receive from the Secretary.

That the applications for the test cases were given di-

*The St. Louis Clinical Review.*

rectly to the depositary as soon after their receipt as possible; that all cases given out were sent by him in response to applications received by this society from the provers; and that in answer to our request we received from him a thoroughly sealed envelope, containing the subjoined report:

BOWDOIN COLLEGE, BRUNSWICK, }  
Maine, Jan. 26th, 1880. }

To the Milwaukee Academy of Medicine.—*Gentlemen:*

The report which is herewith submitted to you, I beg leave to preface with the following statements: The work which you did me the honor to entrust to me, has been most carefully and scrupulously done; the record has been accurately kept and secluded from all eyes but my own.

Great pains have been taken to exclude entirely the possibility of guessing the medicated vials, instead of discovering them by scientific experiment.

Nothing has been permitted to indicate a difference in the vials tested, or to make it possible for any experimenter to detect in any way the reasons for choosing one number rather than another of all the vials numbered to contain the medicated pellets.

So far as the test has been made, it has been made under the fairest conditions possible for me to secure.

With these remarks I invite your attention to the appended itemized statement of the tests sent, the time of sending, the persons to whom sent, and the numbers in each test of the medicated vials.

These, gentlemen, are all the vials sent out by me in accordance with the instructions received from your committee. I am, very respectfully yours,

GEO. T. LADD,

(Professor of Mental and Moral Philosophy.)

In the tabular statement the number of the medicated vial in the cases not tested or not reported, has been withheld by the Society, for obvious reasons. The last column, giving the report of the experimenter, has been added to make the report complete.

*Milwaukee Test.*

11

Date	Case.	No.	Name of Experimenter.	Residence of Experimenter.	Test.	No. of Tests	No. of Med. Vial.	Report of Experimenter.
1879.								
Jan. 13	1	0	Dr. J. W. Thompson.....	Greenfield, Mass.....	Path.	1		No Report.
Feb. 26	2		Prof. C. B. Gatchell.....	Ann Arbor, Mich.....	Ther.	5		"
"	3		Dr. H. L. Waldo.....	West Troy, N. Y.....	Path.	1		"
"	4		W. S. Gillett.....	Fox Lake, Wis.....	Ther.	5		"
Feb. 1	5		E. Lippincott.....	Bowling Green, Ky.....	Path.	1	10	Number 5.
Feb. 31.	6		W. H. Blakely.....	"	"	1		No Report.
"	7		W. B. Triles.....	Manayunk, Pa.....	"	1		"
"	8		G. R. Mitchell.....	Richland Centre, Wis.....	"	1	2	Number 4.
"	9		C. R. Muzzy.....	Watertown, Wis.....	"	1	7	Number 1.
"	10		A. W. Woodward.....	Chicago, Ill.....	"	1	1	Number 2.
"	11		J. H. Thompson.....	New York, N. Y.....	"	1	1	No Symptom.
June 18	12		N. S. Penoyer.....	Kenosha, Wis.....	"	1	10	No Symptom.
June 31	13		C. H. Hall.....	Madison, Wis.....	Ther*	1		Number 4.
May 5	14		M. A. Reiss.....	Milwaukee, Wis.....	Path.	2		No Report.
"	15		O. W. Smith.....	Union Springs, N. Y.....	"	1	2	Number 10.
"	16		"	"	"	1		No Report.
"	17		Prof. A. Uhlemeyer.....	St. Louis, Mo.....	Ther.	5		Number 6.
"	18		Prof. A. Uhlemeyer.....	"	Path.	1	3	Arsenium 1.
"	19		Dr. W. F. Morgan.....	Leavenworth, Kan.....	Ther.	5	1	No Symptom.
"	20		W. F. Morgan.....	"	Path.	1		No Report.
"	21		O. S. Childs.....	Beaver Dam, Wis.....	Ther.	5		"
June 18	22		Collisson.....	St. Louis, Mo.....	Path.	5		"
"	23		Collisson.....	"	Ther.	1		"
"	24		Wm. Eggert.....	Indianapolis, Ind.....	Path.	5		"
June 27	25		Petrus Nelson.....	Minneapolis, Minn.....	Ther.	5		"
July 25	26		H. A. Foster.....	Buffalo, N. Y.....	Path.	5		"
July 28	27		T. L. Brown.....	Binghampton, N. Y.....	"	2		"
"	28		E. C. Morrill.....	Norwalk, Ohio.....	"	1		"
"	29		C. W. Mohr.....	Philadelphia, Pa.....	"	1		"
"	30		W. M. Butler.....	Middletown, N. Y.....	Ther.	1		"
"	31		L. A. Campbell.....	Aitleboro, Mass.....	"	2		"
"	32		J. A. Pearshall.....	Saratoga Springs, N. Y.....	"	5		"
"	33		"	"	"	5		"
"	34		"	"	"	5		"
"	35		T. A. Martin.....	Delavan, Wis.....	Path.	1		"
"	36		"	"	"	1		"
"	37		"	"	"	1		"
"	38		"	"	"	1		"
"	39		"	"	"	1		"
"	40		"	"	"	1		"
"	41		"	"	"	1		"

\*Five vials, one containing Arsen. 30th.



NOTE.—Beside the above an application was received from Dr. Adams, of Toronto, Canada, for Lyc. 30, in a ten-vial test. The material was prepared at a special meeting of the Academy, and sent by express to Prof. Ladd. Dr. Adams' name not appearing in Prof. Ladd's report, we infer that the package did not reach him, after his removal from this city.

#### RECAPITULATION.

##### TEN-VIAL, OR PATHOGENETIC TEST.

Number of tests applied for and sent out.....	25
Number of tests on which reports have been received.....	9
Number of tests in which the medicated vial was found.....	0

##### TWO-VIAL, OR THERAPEUTIC TEST.

Number of tests applied for and sent out.....	47
Number of tests on which reports have been received.....	1
Number of tests in which the medicated vial was found.....	1

##### FIVE-VIAL TEST OF DR. PENNOYER.

Number of tests applied for and sent out.....	1
Number of tests on which reports have been received.....	0
Number of tests in which the medicated vial was found.....	0

The thanks of this society are due to Professor Geo. T. Ladd, of Bowdoin College, Maine, for his disinterested work in the interests of medical science; to the *Hahnemannian Monthly*, the *ST. LOUIS CLINICAL REVIEW* and the *U. S. Medical Investigator*, for publishing the plan of the test; and above all, to the persons who have magnanimously taken part in the experiments.

By order of the Milwaukee Academy of Medicine.

SAM'L POTTER, M. D.,

EUGENE F. STORKE, M. D.,

President.

Secretary.

Milwaukee, Wisconsin, February 16th, 1880.

---

### HOMŒOPATHIC DIET.

---

*Ought it to be Maintained, Simplified or Suppressed.*

---

BY DR. BERNARD.

The question of homœopathic diet offers, in my opinion, a character eminently practical, which classes it amongst the problems indicated in the inaugural programme of our association. Each one of us can help elucidate the solution of it, in bringing his share of personal experience.

This appeal to the individual observation of you all, gentlemen, is so much the more opportune, as there exists under so-called homœopathic regimen, the greatest diversity of views, we say even the most absolute caprice. Finally this question is always actual, because it serves daily as a theme of discussion, as well for the friends as for the enemies of homœopathy. That which increases still more the reality of the question, is the recent appearance of the excellent little book of Dr. Van den Neucker. I ought to add that the reading of the work of our confrere d'Harlebeke has above all suggested to me the idea of discussing here the value of the regimen generally known under the name of *homœopathic*.

If we are to believe some of our best confreres, homœopathy furnishes to its adepts arms powerful enough to permit them to renounce absolutely all special diet, which will banish a bugbear and prevent henceforth our adversaries from attributing exclusively to regimen all the merit of our cures.

If, on the contrary we listen rather to the voice of homœopathic tradition, that of Hahnemann and his first disciples, we ought to maintain severe dietetic prescriptions, suitable for assuring or developing the action of homœopathic remedies prescribed in doses often very attenuated; our duty then would be to assume frankly and resolutely the responsibility, indeed even the unpopularity of our prescriptions. Between these two positions radically opposed are placed opinions (*transactionnelles*) which authorize me to place the problem in these terms:

Homœopathic regimen, (diet) ought it to be maintained, simplified or suppressed? It is needless to say that we speak here only of alimentary diet in chronic diseases.

The partisans of the complete abolition of regimen are numerous and distinguished.

In a paper read in 1867 to the "*Congres homœopathique de Paris*," Dr. Perry thus formulated his thought, "The words homœopathic regimen (*regime*) have no

sense in my opinion ; there is not one special diet for homœopathy and another for the old school, there is only one diet for each patient, according to his constitution, his morbid condition and the indications which the physician proposes to fulfill."

Dr. Alexis Esparet, expresses himself upon this question nearly in the same terms. Similar is the opinion of Dr. Ruddock.

"Homœopathy, says he, is not a system of dietetics, but rather a system of medical treatment." A long experience proves that the curative section of remedies chosen according to the law of similars, is little influenced by the usual food and drink, consequently, aside from certain articles which are disagreeable to the patient, which may disturb his physiological functions and impose upon feeble or diseased organs, a task above their strength. The Homœopathic physicians do not prescribe, so to speak, regimen to their patients."

This estimate conforms nearly to that found in the *Lehrbuch* edited by Willmar Schwabe: Habits, says he, ought to be respected, at least those which have not caused and are not assisting still to maintain the diseases, or at least that do not act as antidotes to the prescribed remedies. To the last category would belong, according to many homœopaths, coffee, which is however the antidote to only a few medicines (*Aconite, Bellad. Bryonia, Cham, Cocculus, Ignatia, Ipec. Hyosc. Lycop. Nux Vom. Phosph. Puls. and Veratrum.*)

But one of the most decided partisans of the abolition of diet is certainly Dr. Russell, as you may judge by the following extracts from the *British Journal of Homœopathy* ;

Dr. Russell declares it to be impossible, usually, to avoid medicinal substances in food and regimen ; he cites in support of his position the chemical analysis of drinking water, and of bread made in London. If we cannot, he says, arrange our patients in order and prepare for them by artificial means the air which they breathe, the water which they drink and the food which they eat,

it is utterly impossible to prevent them, at each hour of their existence, from being exposed to such medicinal influences. Admitting, even adds Russell, that the thing may be possible, it would not be desirable, because it would have as a result, the rendering of the organism too sensible to these influences, when it should find itself accidentally or forcibly submitted to them.

The conclusion of Dr. Russell also is that the observance of a regimen such as Hahnemann desired is utterly impossible and in every case not at all advantageous.

Here is then no necessity of instituting a particular diet; every one ought to drink and eat that which according to his own experience agrees with him and pleases him best.

Here are certainly, gentlemen, formal evidences, and serious arguments in favor of a position which would appear revolutionary to many of the first homœopaths.

This abolitionist position I hasten to say, appears to me too absolute and contrary to the true interests of Homœopathy and of our patients. In my opinion, truth is found here, as it often is, between the two extremes; "*In medio, virtus.*" But I should say willingly, with M. Teste, that an excess of strictness, when one has no fear of discouraging his patients, is preferable, in general, to the opposite system. Hahnemann himself, although severe in his prescriptions, rose already against the exaggerations of certain of his disciples, uselessly rendering the diet more difficult for the sick to observe, which could not be approved, according to the founder of Homœopathy.

M. Van den Neucher makes still more concessions, which perhaps would not have been consented to by Hahnemann.

It would be fastidious to expose here the thousand formulas of regimen, more or less mitigated, adopted by our confreres. Let us cite at random two examples:

Escalier prohibited pepper, acids, aromatic aliments and coffee.

Landry recommended to avoid salads, acids, liquors, hog's flesh, and exciting or strongly spiced meats. It is

well, he adds, to renounce, also, very odorous substances.

These examples will suffice to explain the position of the *conciliators*, in opposition to the *conservators* and the abolitionists.

Here are the reasons which prevent me until now from absolutely renouncing regimen :

First. Without despising the value of experiences which contradict Hahnemann and his first disciples, I find that one forgets too easily those of the genius who has opened to us the way to the truth in therapeutics. Comparative experiments, well studied, would not be superfluous. Being in doubt, we ought not to hasten to tear, even to the last line, the pages written by the master upon this subject.

Secondly. When one does not exaggerate the precepts of Homœopathic regimen, they are not different from those of a rational and well understood hygiene. I have often heard Allopaths express regret at not being able to make their sick follow a diet analogous to ours.

Thirdly. The relative diminutiveness of our doses certainly imposes upon us more minute precautions against the influence of other agents, pathogenetic disturbers. Now, to suppress regimen is to open the great door of a house without knowing who will enter, friend or enemy, which constitutes at least an imprudence. What good in adding one imprudence to those which are already inevitable? Is it not the last drop of water which makes the glass overflow?

Fourthly. The total abandonment of regimen implies the more or less formal denial of antidotes. Indeed Dr. Perry has arrived nearly at this logical conclusion, the corrolaries of which are very dangerous ; the arbitrary mixture of Allopathic and Homœopathic medicines, a mixture whose last term ends in mud, in therapeutics.

But it is time for me to stop, gentlemen.

Either Homœopathic diet is necessary—in this case we ought to prescribe for it reasonable demands, at the risk of hurting hostile interests and proprieties—

Or this diet is useless—then let us suppress it without

evasion, ceasing henceforth to repel the sick by severities which in different countries render our method unpopular and seems to justify the belief carefully maintained by our adversaries: "In Homœopathy, regimen is everything, it is it alone which causes the cures."

Whatever may be the solution reserved for this question I think it not unworthy of a conscientious and profound examination.

In reuniting our efforts, in maturing our discussions, we shall succeed, perhaps, in forming grave conclusions, to which shall remain attached, as a title of honor, the name of our association, so recent and already so prosperous.

Translated from the *Revue Homœopathique Belge*, by R. D. Valentine, M. D., Canton, Ill.

---

## *HYDROPHOBIA.*

---

### *Is It an Imaginary Disease?—A Case in Point.*

There is perhaps no disease in the whole category of human ills of which physicians know so little as they do of that condition known as *rabiés canina*. Medical literature on this subject is so meagre, conflicting and unreliable both as to its cause, development and treatment, that to the earnest and logical inquirer it sometimes becomes a question whether such a malady as hydrophobia, as understood, exists in reality, or whether hysteria, cerebro-spinal irritation with other derangements of the system and surrounding conditions may bring about this wonderful physical and mental phenomena, or whether the malady is mostly attributable to imagination and hallucination.

History and science furnish evidences almost conclusive that a hydrophobic condition, if we may so designate this phenomena, is often brought on by imagination. Dr. Hunter gives an account where twenty men were bitten by a dog supposed to have been mad, and only one took hydrophobia. The disease has never been communicated to one individual by the saliva of another. Neither have

animals ever been infected with saliva of a hydrophobic man. And a number of instances are on record where men took hydrophobia after being bitten when it was afterwards proven that the dog that bit them was not mad. Science knows nothing of the nature of the virus that is believed to produce rabies, and morbid anatomy reveals no conditions not found in subjects who die of similar diseases. There is no well authenticated case of what has been considered true hydrophobia that has ever been cured by medication, though the magic madstone in the possession of a number of natural fools living in different parts of this and other countries, have cured thousands of people. This is another stray evidence that imagination has much to do in the matter.

But to illustrate still further, I will relate a case that came under my own observation during the past week. I was called about midnight to see a lady twenty-three years of age, with vital and mental temperament, the mental predominating. She is well educated, and rather of a philosophical turn of mind, and usually enjoys good health. Early in the evening she had been bitten above the ankle by a pet dog, and was suffering with the following symptoms: Flashes of heat and pain from the seat of the bite to the brain, producing ringing and snapping in the ears, and numbness of the jaws; this would alternate with trembling and occasional hot flashes and pain in the spine and base of the brain, stricture of the lungs, dryness of throat and tongue, which interfered with breathing and articulation, tears trickling down her cheeks, pulse very quick and vibrating; seemed to be quite rational when engaged in conversation, but in constant fear and intense mental agony. Whenever she closed her eyes the pet dog seemed to jump at her with fiery eyes, the saliva streaming from his mouth, and she insisted that nothing could save her from hydrophobia.

Upon further inquiry I learned that she had always had a perfect horror for strange dogs, and that the thought of hydrophobia invariably forced itself upon her mind whenever she came in close contact with one; and

that only a few days ago she had read a horrible account of hydrophobia in a little girl. An examination of the limb in the locality where she had been bitten revealed no sign of an abrasion of the skin. The case was a plain case of imagination. The startling phenomena before me was nothing but hallucination brought about by a combination of conditions and circumstances. The next question was, what am I to do for this most wonderful and alarming case before me? the anxious heart-aching friends around me, watching my every move and expression. A nervine, an anæsthetic, a powerful narcotic, yes, anything to quiet and put my patient to sleep were my first thoughts, but upon a moment's reflection I concluded that the pathological condition of the case did not warrant such heroic measures, as it was a mental trouble and not a physical one, and that I must place my efforts in that direction and restore, if possible, the equilibrium of the brain and nervous system. Well, what did I do? I did not prescribe as regularly and homœopathically dictated, but as rationally indicated. I gave minute doses of *Nux Vomica* every ten minutes, and between doses administered common sense and words of wisdom, at the same time accompanying said words with the wise ways of the profession, "which same wise way" we all know sometimes have a wonderful effect upon the patient, especially where mental activity is the controlling power. Having obtained the full confidence of my patient by this course, she so rapidly improved that after the lapse of the three hours further mental treatment was deemed unnecessary; giving orders to continue the medicine at longer intervals I left:

At 9 A. M. I returned, found my patient comfortable, with the exception of a severe headache and a gloomy state of mind. She still had a vivid recollection of all that transpired during the night. Although realizing that all her troubles were imaginary, she at the same time was quite anxious to learn the probable time for the incubation of hydrophobia. After informing her what medicine men know of this process, she drew a long breath



and remarked, "It will be a long time until I can feel absolutely sure that I am safe." A week has now elapsed during which she has received such medication as seemed rationally indicated and she now feels absolutely safe and is positively convinced that the whole phenomena was the result of hallucination. The wonderful influence of the mental faculties over the physical organism in the sick are too often overlooked unless they present themselves, as in this case, so well marked that there can be no mistake. From the similarity of the symptoms presented in this case and those manifested in that condition called rabies, it is no stretch of the imagination to suppose that had it not been for timely aid, this lady's case would soon have developed into that fearful state called hydrophobia, at least such are her own convictions. DR. HAGGART.

Indianapolis, Jan. 28, 1880.

---

### *ST. LOUIS SOCIETY DISCUSSIONS.*

---

#### DISCUSSION CONTINUED ON OVARITIS.

---

DR. GUNDELACH: We know that remedies do not affect the ovaries so readily as some other organs. The eye or the brain are much more sensitive to drug action, but the liver when it has become disorganized shows little effect from remedies. If I were called upon to name the organs of the body hardest to affect by drugs, I should mention the liver first and then the ovaries. The heart and fibrous and serous tissues would soon come in. I think the remedies that have been mentioned, when carefully adapted, will answer as well as any that are known.

Hot injections and applications are very important. Chronic ovaritis is a very occult disease, and I think there has been no great success in its treatment when the cases have been clearly diagnosed. Ovariectomy is not the dangerous operation it was ten years ago; it is performed in Europe and in this country too, every week; but there is room for great improvement in the medical treatment of chronic ovaritis.

DR. PEARMAN: Dr. Gundelach talks like one that has had experience. Dr. Parsons either did not hear or did not understand my essay. I gave all the symptoms of the disease so far as I knew. I did not enumerate the symptoms of *bell.* or other well known remedies, because I thought my hearers knew them already. I gave the terminations of the acute and chronic forms of the disease. To Dr. Valentine I would say that a sinapism mixed with the white of an egg, and applied two or three times a week, is, in my opinion, the most satisfactory counter-irritant.

I have had a great deal of experience with this disease, and it has not been very satisfactory. The authors with which I am acquainted express the same opinion.

Dr. Parsons talks about taking the ovary between his fingers. I have tried very hard to do this frequently, but never could succeed. I think it cannot be done unless in very emaciated patients. Others agree with me in this opinion. I have never seen much benefit from internal remedies. Exercise, pure air and fruit go a great way towards keeping the bowels regular.

DR. KERSHAW: Several important questions have been brought up in this discussion. One is in regard to reaching the ovary. Charcot, in his experiments upon the nervous system, found in many cases of semi-anæsthesia, a tenderness of the ovary. Compression of the ovary relieved the anæsthesia. He also found that it relieved attacks of hysterical epilepsy. When his views were published in Germany, some of the best authors said that the ovaries could not be reached in the ready manner stated by the author; that Charcot had been mistaken about his compression of the ovary, and that the general compression may have failed to affect the organ at all. It seems that the highest authorities differ upon this point.

Constipation is a harassing complication in this disease as well as in many others. I think it can be cured if the patient will do what she can, for herself. Cathartics will not cure. They only relieve temporarily and in the end aggravate the trouble. Homœopathic remedies will cure,

if patiently and carefully used. Habit has much to do with this very common trouble. Many people have no regular time for evacuating the bowels, but wait until they have an inclination, and often neglecting that, when inconvenient. I have known many cases of constipation cured by the person's sitting a certain time every day for the evacuation of the bowels, and endeavoring to do so at the appointed time whether they felt any inclination or not. At first, if the bowels cannot be made to move without, enemas may be used, but the habit is soon established and the trouble overcome. Fruit diet, and bran-tea are valuable auxiliaries. The bran-tea I have used quite extensively with a great deal of satisfaction. Ovarian troubles are hard to treat. Many cases of ovaralgia must have remedies for the general nervous system. Hysterical patients will have a pain anywhere you want it. A most important cause of ovarian irritation is the practice of preventing conception by injection of cold water or chemical preparations immediately after sexual congress.

DR. PARSONS: The essayist accuses me of hardness of hearing. If she gave an indication for a single remedy I do not know it. She may have alluded to *bell.* for congestion; but are there no other remedies for congestion? If I have made any misstatement concerning her essay, I am willing to retract it.

Dr. Kershaw struck a key-note when he spoke of the efforts of the patient for the cure of constipation. Her habits in dress, sleep, ablutions, diet, drink, everything are of importance. A glass of cold water at bed-time and one in the morning are very beneficial in constipation. Water is pretty thin, but it helps.

Another point: It is stated that remedies do not act upon the ovaries as beneficially as on other organs. Why is this? Is the birthplace of the world of lower vitality than less important organs? Dr. Gundelach states that when the tissue of the liver or ovaries becomes disorganized it is very difficult to affect it with remedies. Is it not so in any tissue? If the structure of any part has

become organically changed, treatment must be well adapted and continued for a long time to produce much effect. For instance, in periarticular hyperplasia, pressure and local applications with internal medication must be kept up for weeks and months, if it is ever reduced. In acute ovaritis *absolute rest* is necessary to reduce the organ to its normal state. Inflammation in the ovary is the same as inflammation in any other part. It is difficult, not because remedies do not act on the ovaries, nor because the ovaries are remote from the sympathies of the rest of the organisms, but they are naturally subject to almost continual irritations and frequent periodic excitement. You no more than begin to produce a favorable effect with your treatment than the menstrual menses appears, and undoes all that has been accomplished. Between the menses and at all times, the women wear corsets, run up and down stairs, expose their person to low degrees of cold, and do a hundred other things they ought not to do. If the periodical excitement of menstruation, over-exercise and bad habits generally could be stopped, the ovaries would be just as amenable to treatment as any other organ.

DR. VALENTINE: All honor to Carroll Dunham, the brightest intellect our school has produced. The remedy he used in his celebrated case has done good in a case of mine, where we might be least apt to expect it. A lady had been suffering with constipation very badly for two years. I went the round of the usual remedies, but they did no good. I used enemas, and even removed some scybalæ with a spoon. She doubled herself up in the jack-knife way from colic, and I finally gave *col*. In half an hour she went out to the water closet, and in two hours her pains were all gone and she was well.

DR. CUMMINGS: Two years ago a homœopathic doctor was called in consultation with a lady physician, and he introduced his hand and removed two balls of magnesia half as large as a child's head. The magnesia had been taken as medicine for the relief of the trouble. What would soap-suds have done in that case?

DR. VALENTINE: Soap-suds will dissolve most feces, but that was a case that it did not cure. I have on hand a case to which I have given nearly everything. I am now giving *cascara sacra*; have about concluded there is stricture of the colon or rectum.

DR. PEARMAN: I treated a case of uterine disease by dilatation the other day. Four or five hours after the treatment colic set in and continued. This morning I gave *colocynth*, and three doses relieved.

DR. KERSHAW: I think that the nearer homœopathic doctors adhere to their own mode of practice the better doctors they will be. We sometimes get into trouble where we feel inclined to do almost anything to get out of it; but I do not think irregular practice does either the individual or the school any good. If we let old school practices alone and study earnestly and carefully those of our own, we will get along better as healers of the sick. A good homœopathic physician must necessarily individualize each case, and only by such individualization can he hope to be successful. The whole tendency of old school practice is in the direction of generalization, and this being the case, the physician who attempts to practice both schools, proves, ordinarily, a poor representative of either one or the other, and I think they should not be so frequently resorted to on that pretense. By such practice a man injures himself and the cause. He gets to losing confidence in what are better ways.

In regard to the influence of habit in relieving constipation, I have to say that a friend of mine was troubled for years without obtaining relief. I persuaded him to throw aside all cathartics, etc., and go at a certain hour of the day to move his bowels, whether he wanted to or not. In one month his trouble was ended.

W. B. MORGAN, M. D., Reporter.

**THE COMMENCEMENT EXERCISES OF  
THE HOMŒOPATHIC MEDICAL  
COLLEGE OF MISSOURI.**

*The Distribution of Prizes—A Banquet of the Alumni at  
the Windsor Hotel.*

[St. Louis Times, March 12, 1890.]

The Twenty-fifth Annual Commencement Exercises of the Homœopathic Medical College of Missouri occurred last night at St. George's Hall, and were attended by an audience of about 1,000. On the stage were seated the Faculty of the College, Drs. G. S. Walker, P. G. Valentine, W. A. Edmonds, S. B. Parsons, Adolphe Uhlemeyer, C. W. Spalding, J. A. Campbell, J. C. Cummings, J. M. Kershaw, Mr. I. D. Foulon and Bishop Robertson, while ranged in a semicircle in front of the stage were the graduates, twenty-five in number, as follows:

S. R. Bebout, Osceola, Iowa.	Mrs. Margaretta Neff, Sigourney,
J. E. Couper, Northfield, Minn.,	Iowa,
Ernest Crutcher, M. D., Nashville,	H. V. Oldfield, St. Louis, Mo.,
Tenn.,	Luther Orear, Marshall, Mo.,
H. J. Dionysius, St. Louis, Mo.,	A. C. Porter, Clifton, Kas.,
John Elder, High Grove, Mo.,	H. L. Porter, Seneca, Mo.
W. A. Forster, Fort Scott, Kas.,	Frank Runner, Chillicothe, Mo.,
W. D. Gentry, Wyandotte, Kas.,	W. A. Smith, Essex, Iowa,
C. B. Jordan, Wadena, Minn.,	Fed'k Wm. Schellhase, Tell City,
Chas. W. Kelly, St. Louis, Mo.,	Ind.,
Martin Kirsch, Peppertown, Ind.,	A. M. Stearns, Essex, Iowa,
Mrs. Julia A. Lee, Greenville, Cal.,	Mrs. Clara Sauter., St. Louis, Mo.,
Mrs. Jane H. Miller, Moline, Ill.,	Chas. W. Taylor, St. Louis, Mo.,
S. E. Miles, Boonville, Mo.,	Chas. B. Zeinert, Ballwin, Mo.

The exercises were then formally opened with prayer by the Rt. Rev. Dr. Robertson, and after a pot pourri from Martha, by Spiering's orchestra, Dr. Charles W. Taylor, of St. Louis, one of the graduating class, was presented to the audience by Pres. Spalding, and thereupon delivered the valedictory for the class.

## THE VALEDICTORY.

*Mr. President, Honored Professors, Fellow Classmates,  
and Ladies and Gentlemen :*

I feel deeply honored to-night in representing the graduating class of '79 and '80, in bidding adieu to our beloved Alma Mater, before going forth from her fostering care to put into practice the teachings she has inculcated.

Her work is ended ; ours, but just begun. We stand to-night on the very pinnacle of content—our greatest hopes, our highest ambitions realized. We have passed through the fiery ordeal of materia medica, therapeutics, and what not, and have come forth unscathed. The Gordian knot, “*Similia Similibus Curantur*,” has been fairly untied by each and every one of us, and all that now remains is to buckle on our armor, and with burning ardor, reliant trust and undaunted courage, go forth to battle with our fell enemy.

Standing, as we now do, within the portals of our beloved college, and looking out on the near future, life wears for us a roseate hue, and we are eager to sever the tie that binds us here to each other ; to hasten each to his field of individual usefulness, and there gather and bind the golden sheaves that are bending over in their fulness awaiting us.

There is at present a greater intellectual struggle going on about us than the world in its whole history has ever known. Old beliefs and teachings have been ruthlessly cast aside, having served their time, and were only valuable in that they were suggestions of the higher truths that have succeeded them.

In after times it may very truthfully be said of the present very high condition of intellectual attainment that this condition was only the antecedent of a higher and nobler culture.

This calmly throwing aside of old beliefs and prejudices that have been weighed in the balance and found wanting is a distinctive feature of the present age of enlightenment. It may, therefore, be well for us to bear in mind that we are now and always will be students still,

and that we may have to unlearn much that we have learned. Newer ideas will constantly present themselves for our consideration, and they will demand our thoughtful attention. If you will but carefully look back upon the past history of Homœopathy, and trace its career to the present, you will find that its course has been that of enlightened progression; of a careful weeding out of obsolete and effete ideas, the elimination of the dross and crudities that have served their purpose and the adoption in their stead of the deductions of scientific research, until to-day it stands pre-eminently the embodiment of the highest thought as well as the highest achievement of medical science. Homœopathy has this distinctive characteristic, it keeps shoulder to shoulder with the advancing column of intellectual thought; accepts no system of therapeutics unless they are based upon demonstrated facts; disregards no method, however humble, that prefigures a higher truth, and assumes nothing without proof.

On assuming the title which has to-night been conferred upon us, we should consider the important duties and sacred trusts that devolve upon us. They demand our best thoughts, clearest judgment and unflinching adherence to that line of conduct that shall leave no stain or reproach upon our honorable profession, nor upon our personal reputation—for “the purest treasure mortal times afford is spotless reputation. That away, man is but gilded loam or painted clay.”

Let us consider how careful, how earnest, how unprejudiced should be the efforts of him who makes the responsibility of human life a vocation. Let us not shrink from the struggles and sacrifices that encompass our professional life; we may not always see the sum of their significance, but we may rest assured that only through toil and sacrifice are beneficent results attained. Though the path may be steep and rugged, with truth for our guide, charity as our watch-word, we will surmount all difficulties, when we cross the threshold of those beloved precincts for the last time, our paths will be widely severed, we may never feel the warm pressure of each



other's hand, or exchange the friendly greeting in this life, but let us treasure up the memory of all that was good in each of us, and generously forget the faults and shortcomings. Above all, let us so shape our lives that they may be ones of usefulness to humanity, and ennobling to our profession. So that it may be said of each of us: "The world is better that he lived in it."

Dr. Taylor then addressed himself to the faculty in terms glowing in their fervency of language and sincerity of obligations to the several members for the many attentions and kindnesses. He reviewed briefly, but eloquently, the many sacrifices made by the several professors in their zeal to advance the interests of Homœopathy, their untiring devotion to a seemingly thankless task, and the herculean strides which the Homœopathic Medical College of Missouri had taken under their supervision and direction. Then adverting to the present honorable investiture of the degree of doctors of medicine, and, in conclusion, Dr. Taylor said:

And in receiving such honorable distinction we confess the misgivings that linger about the heart of our hope, the doubts which assail us as we stand on the threshold of our chosen profession, the light of our successful studies streaming brightly through the yet open door, casting our shadow long and dark into the silence of the future. Well may the stoutest of hearts be appalled at the difficulties and disappointments that hedge about the inexperienced workman, standing as we do, striving to rend the curtain of silence and of darkness in our efforts to rob the impenetrable mystery of one ray of light, one word of hope. But we are borne aloft by the consciousness of having enlisted in the ranks of a calling sacred to the alleviation of human misery—a calling that approaches nearest the divine—to do battle with the ceaseless tide of humanity; to hush the wailings of the tender infant moaning on its mother's breast; to still the pain and sorrow that afflict its later years; and, finally, when the skeleton fingers of time lie heavily upon its fast dissolving fabric to smooth the pillow of mortality to the departing

soul. If we be but true to ourselves as men, to the principles of Homœopathy, to the symbol inscribed upon the folds of its banner—

“Similia Similibus Curantur”—

then the future will take heed to itself, the shadows will be dispelled and we shall be as invincible in the cause of right and light, of truth and charity, of love and mercy, as were the gallant knights of former times.

At the conclusion of the reading of the valedictory Dr. Taylor was made the recipient of several costly floral tributes.

*The Prizes.*—Prof. I. D. Foulon, professor of medical Jurisprudence, then made presentation of the prizes. He stated that the faculty in awarding prizes for excellence in special branches, did not intend to substitute prize-getting for knowledge-getting; but upon the contrary it had been their endeavor to impress the paramount importance of practical knowledge upon the minds of the students; that after much and assiduous study the members of the class were entitled to their diplomas, which was, after all, the real prize for which they had striven.

The prizes and their recipients were as follows:

S. E. Miles, of Missouri, received the Eckel gold medal, presented by Dr. Eckel, of San Francisco, Cal., for highest examination in *Materia Medica*.

William A. Forster, of Kansas, first prize in Surgery, a silver medal, given by Prof. Parsons.

S. R. Bebout, of Iowa, half prize in Anatomy, one bound volume of St. Louis CLINICAL REVIEW; second prize in Surgery, silver medal.

W. A. Smith, Iowa, half prize, in Anatomy, one bound volume of St. Louis CLINICAL REVIEW; second prize, in *Materia Medica*, Cowperthwaite's *Materia Medica*, and third prize, Surgery, a Book.

H. J. Dionysius, St. Louis, Kershaw's silver medal, for diseases of the spine; also honorable mention in Obstetrics and *Materia Medica*.

Frederic Wm. Schellhase, Indiana, honorable mention in Anatomy.

Frank Runner, Missouri, honorable mention in Anatomy.

Mrs. Clara Sauter, honorable mention in Obstetrics.

Charles W. Taylor, St. Louis, honorable mention in Materia Medica.

Charles W. Kelly, honorable mention in Materia Medica.

In the conferring of the prizes Prof. Foulon kept the vast audience in good humor with his many sallies of wit and pleasantries.

To Dr. Miles he remarked that he had understood that the doctor was insatiable in his desire for knowledge; that if he succeeded in acquiring all the information he was seeking he would be "a bigger man than old Grant;" at any rate he was entitled to the gold medal and "miles of blue ribbon."

To Dr. Forster he remarked that the story was told that he was born a surgeon; then related in a comical way Dr. Forster's successful experience with the fractured leg—of a table; and at the age of 8 he made eyes—at the girls.

Dr. Dionysius, who received the Kershaw silver medal for excellence in spinal diseases, was informed that the medal, contrary to appearances, was not a bell punch.

Next in order came the presentation of diplomas by Dr. Spalding to all save Dr. Crutcher, who was then specially called before the faculty and presented with the degree of *ad eundem*, which, in the king's vernacular, means that the doctor had regularly received the degree of Doctor of Medicine in a regular college before, at Nashville, Tenn., but thought it necessary to take an additional course at a Homœopathic college.

Another presentation was that of a gold-headed cane from Mrs. Comstock to Dr. Gentry.

The valedictory on the part of the faculty, by Prof. Parsons, was listened to with marked attention, and was an exceedingly able effort.

Benediction by Rt. Rev. Dr. Robertson closed the formal exercises at the hall; which were, however, re-

sumed in the more genial form of a banquet at the Windsor, about 150 covers being laid.

THE TOASTS

were as follows, Dr. A. S. Everett, as toast master :

“ Our Alma Mater,” was responded to by Dr. W. C. Richardson.

“ Success of Our Alumni Association,” by Dr. Kershaw.

“ Homœopathy in the West,” by Dr. Parsons.

“ The Graduating Class of 1880,” by Dr. C. W. Taylor.

“ Our Lady Graduates,” by Mrs. Dr. Pearman.

“ Memories of Other Days,” Dr. J. A. Campbell.

An original poem was read by Dr. A. S. Everett, of Denver, Colorado, and received with prolonged applause.

The happy gathering did not disperse until an early hour this morning.

---

OVARITIS.

---

*Editor Review :*

DEAR DOCTOR—I was greatly interested in the discussion in the February number of the REVIEW, as well as by the able essay by which it was provoked.

Ovaritis is a subject upon which we ought to devote more study. It is one of great importance, as upon the cure of it often depends the comfort of a lifetime, and in acute cases sometimes even life itself. And yet there is hardly another disease of the human organism that we are so often called upon to treat, that has received so little attention from medical writers as this.

That it is very difficult to treat satisfactorily, is a fact that seldom requires “ thirty years’ observation ” to demonstrate. I learned this in connection with my first case—but I cannot agree with the essayist, that this is due to the distant or remote situation of the seat of disease. A number of the vital organs of the body are equally distant, and yet quite amenable to treatment.

Constitutional remedies as readily reach the remote parts of the system as those that are otherwise. Diseases of the skin are superficial, but it does not follow that they are more easily treated on that account. True, its anatomical situation may add to the difficulties of treatment, located as the left—and oftener diseased one is—so close to the descending colon, which is usually in these cases loaded with feces, and consequently causing more or less heat and irritation of the neighboring parts; but I think the principal obstacle in the way of success lies not so much in inaccessability, or unfortunate location, as in the physiological peculiarities of the organ. The process of ovulation, with its accompanying excitement and congestion occurring at regular intervals, and in many cases abnormally frequent, constitutes our greatest impediment.

The interval between these occurrences is so short that by the time the system has recovered from the exhausting effects of one of these periods, and our agents begin to make an impression upon the system, the same process has to be gone through with again, and unless we are unusually fortunate, we find our patient at its close no nearer convalescence than she was a month previous. This is, however, a hinderance that we cannot avoid. Our only privilege is to advise rest and freedom from all that would be liable to cause unnecessary excitement; use such measures as are at our command to relieve the additional suffering of these periods, and promptly renew our efforts at its close.

Another prolific cause of failure in the case of married women is the excitement of sexual intercourse. The shock to the system caused by this, has a similar, and equally disastrous effect upon the disease to that occasioned by the process of ovulation. This we often see evidenced by the comparatively ready manner in which cases of long standing are cured after a temporary separation of the lady from her husband is affected.

In this lies in many cases the secret of success, and could we have more control over the habits of our patients in this respect, I think the result of our efforts would in many cases be more satisfactory.

In addition to the remedies mentioned in the essay and discussion, we may expect good results in chronic cases from *Lithium Tig.* and *Palladium*. The former when inflammation is confined to the left ovary, and the latter in those less frequent cases in which the right one is the seat of the disease.

*Colocynth* has rendered me valuable service when its characteristic pains are present, and there is diarrhœa.

In cases of Traumatic origin, *Arnica* as usual takes the lead, used both locally and constitutionally. When the pains are *very* severe I have derived satisfactory results from the extract of *Hammelis* applied to the ovarian region, and also from the use of a pledget of cotton saturated with a glycerole of the same introduced into the vagina.

As a palliative the use of a hot plate covered with a flannel cloth applied to seat of pain, is very satisfactory. If the weight of the plate is objectionable, use a sack of hot dry bran in the same manner.

Counter-irritation with a mustard plaster is advisable in some cases.

L. E. WHITNEY, M. D.

CARTHAGE, Mo., March 3rd., 1880.

---

## Books and Pamphlets Received.

---

STAMMERING AND ITS RATIONAL TREATMENT, with Remarks on Canon Kingsley's Elocutionary Rules. By E. B. SHULDHAM, M. D., Trinity College, Dublin; M. A. Oxon. London Homœopathic Publishing Co. 2 Finsburg Curcus E. C. With the author's compliments. Thanks!

CURABILITY OF CATARACT WITH MEDICINES. By JAMES COMPTON BURNETT, M. D., F. R. C. S., Editor of the "Homœopathic World;" author of "Natrium Murialeum as Test of the Doctrine of Drug Dynamization;" "Gold as a Remedy in Disease, etc." Issued by company as the above, London, England. With author's compliments. Thanks!

SOON TO BE ISSUED:—

AN INDEX OF COMPATIVE THERAPEUTICS, with a New Dose-List, Tables of Symptomatology, Differential Diagnosis, Weights and Measures; Memoranda concerning Accidents, Poisons, Obstetrics, Urinary Analysis, Microscopy, etc. Compiled by Samuel Potter, M. D., member of the American Institute of Homœopathy, President of the Milwaukee Academy of Medicine.

Constitutional remedies as readily reach the remote of the system as those that are otherwise. Diseases of the skin are superficial, but it does not follow that they are more easily treated on that account. True, its actual situation may add to the difficulties of treatment, but located as the left—and oftener diseased one is—to the descending colon, which is usually in the fullness loaded with feces, and consequently causing much heat and irritation of the neighboring parts; the principal obstacle in the way of success is much in inaccessability, or unfortunate location, and physiological peculiarities of the organ. The menstrual ovulation, with its accompanying excitement occurring at regular intervals, and in a normally frequent, constitutes our greatest

The interval between these occurrences—by the time the system has recovered from the effects of one of these periods, and before another can make an impression upon the system—has to be gone through with again, and although usually fortunate, we find our patient in a less state of convalescence than she was a month before; however, a hinderance that we cannot avoid, our privilege is to advise rest and freedom of action, and be liable to cause unnecessary excitements, and measures as are at our command to relieve the suffering of these periods, and prevent their recurrence at its close.

Another prolific cause of failure in the treatment of women is the excitement of the system by shock to the system caused by the equally disastrous effect occasioned by the process of menstruation, evidenced by the comparative cases of long standing are a great hinderance to the restoration of the lady from her illness.

In this lies in many cases the cause of failure. We could we have more success with our patients in this respect, if we would in many cases by

We  
with  
before  
being  
shape of the

so prominent in the edition  
and of clinical experience the  
ful, and not at all the less  
of, and dedicated to the  
W. A. EDMONDS.

ium, inclusive.  
m. Pub. Co.

which spoke of  
might be said of  
the great octo-  
wing no signs of

Physicians in the  
8. Containing, also,  
in the States of Indi-  
distribution to Physi-

at correct and reliable—

taining the chief symptoms  
sixteen remedies, arranged  
ly and practice. By H. C.  
Eczema: Its Pathology and  
Pathology and Treatment of  
The Clinical Society of Hahne-  
ahnemann Publishing Society of  
Instituto Homœopatico Mexicano,  
ago: Halsey Bros. 1880. From the

ey will soon be *sine numero*; but this  
ent, will be welcomed by the troubled  
ogous remedies, because this *new plan*  
oups and series, and so places them un-  
t glance shows their similarities or an-  
are divided into three series, according  
and from two to four are placed side by  
ge and critically compared. The first series  
series contains 84; the third series contains  
plan as very admirable, and will greatly  
both the teaching and studying of Materia  
and binding is very good, and the first we have  
Brothers.—[Ed.]

STED.—A TREATISE UPON THE MEDICAL AND  
SES OF WOMEN, with their Homœopathic Treat-  
tated.—By M. M. EATON, M. D., President of the  
Medical Society of Cincinnati, etc.



**AN ELEMENTARY TEXT BOOK OF MATERIA MEDICA, CHARACTERISTIC, ANALYTICAL AND COMPARATIVE.** By A. C. COWPERTHWAIT, M. D., Ph. D., Professor of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the State University of Iowa. Author of "Insanity in its Medico-Legal Relations, etc., etc." Chicago, Duncan, Brothers, 1880.

**MATERIA MEDICA, AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES.**—By EDWIN M. HALE, M. D. Late professor of Materia Medica and Therapeutics of the New Remedies in Hahnemann Medical College, Chicago; professor of Materia Medica in the Chicago Homœopathic College; author of "Lectures on Diseases of the Heart;" "Characteristics of New Remedies;" "Diseases of Women," etc.

**FIFTH EDITION**—Revised and Enlarged (Thirty-Seven New Remedies). In two volumes, Vol. ij. Special Therapeutics, with illustrative cases. BOERICKE & TAFEL, PHILADELPHIA, 635 Arch St.; NEW YORK, 145 Grand St.

These are two excellent books in a most important department of investigation and practice.

Prof. Cowperthwaite's "Text Book" is probably one of the very best published by any member of our branch of the profession for a very long while. It is simply admirable; method, point, conciseness, clearness and completeness being prominent, leading characteristics. The medical student will find in ready shape just the things he ought to learn and in such form as to be easily retained. The busy practitioner will find it a "ready reference," well suited to economize time and labor. We find here and there occasional, improbable and trivial symptoms, but this drawback is largely off-set by the numerous excellencies everywhere. We regret that the learned author should have disfigured his book by a chapter on that *nasty Psorinum*.

The objection has been made, that the list of remedies is too small. This ground of objection furnishes, we think, a strong ground of commendation. We have long held to the conviction that a list of 50 to 100 good remedies thoroughly investigated and well understood, will furnish infinitely better therapeutic and practical resources than a superficial knowledge of 500 to 1,000 articles with all their interminable medley of combinations and premature changes. The mania for therapeutic novelties is at present the bane of the profession.

The mechanical get-up in type and paper is excellent; the binding simply *villainous*.

This fifth edition of the "New Remedies" is a handsome volume after Boericke & Tafel's best style of the publishers' art. The book in its present shape and size reminds one of the gourmand's estimate of the turkey, which he styled an inconvenient bird, a little too much for one person at a time and not quite enough for two. As a book on special therapeutics it is needlessly large; as a book of general therapeutics it would be incomplete. We find many articles in the index of remedies which have been in use by all kinds of practitioners from the days of Cullen and Hahnemann down to our own times. We hope in future editions the learned author will drop special dress with its prefix "New," now scarcely applicable to a book so long before the public, and give us a complete work on general therapeutics; being very careful to avoid a certain literary blemish in the shape of the

ever recurring and interminable "ego" so prominent in the edition before us. As a compilation and record of clinical experience the book will be found both convenient and useful, and not at all the less acceptable for being modeled after the mode of, and dedicated to the illustrious Hughes.

W. A. EDMONDS.

ST. LOUIS.

GUIDING SYMPTOMS, Vol. II, from Arnica to Bromium, inclusive.

By C. Hering, M. D., Philadelphia, Pa. The Am. Hom. Pub. Co. J. M. Stoddard & Co. 1880.

A long review was given in our columns of Vol. I, which spoke of it in the highest terms. The same, and even more, might be said of Vol. II, a most worthy companion of Vol. I. Hering, the great octogenarian, labors bravely and conscientiously on, showing no signs of decay.—[Ed.]

HOYNE'S ANNUAL DIRECTORY of Homœopathic Physicians in the State of Illinois for the year 1880. Vol. I, No. 8. Containing, also, an alphabetical list of Homœopathic Physicians in the States of Indiana, Missouri and Kansas. Published for free distribution to Physicians. Circulation, 5,000. Price, 50 cents.

We value this annual highly, and find it correct and reliable—couldn't do without it.

THERAPEUTICAL MATERIA MEDICA. Containing the chief symptoms and chemical uses of two hundred and sixteen remedies, arranged upon a new and available plan for study and practice. By H. C. Jessen, M. D., Chicago. Author of "Eczema: Its Pathology and Treatment." A Prize Essay. "The Pathology and Treatment of Hereditary Syphilis." Member of: The Clinical Society of Hahnemann Hospital of Chicago. The Hahnemann Publishing Society of England. Honorary Member of Instituto Homœopatico Mexicano, of the Empire of Mexico. Chicago: Halsey Bros. 1880. From the author.

Another Materia Medica. They will soon be *sine numero*; but this one being *new* in its arrangement, will be welcomed by the troubled student on the search for analogous remedies, because this *new plan* of the author puts them in groups and series, and so places them under the eye that an intelligent glance shows their similarities or antagonisms. The remedies are divided into three series, according to their "natural relation," and from two to four are placed side by side on the same broad page and critically compared. The first series contains 20; the second series contains 84; the third series contains 112. We look upon this plan as very admirable, and will greatly simplify and facilitate both the teaching and studying of Materia Medica. The printing and binding is very good, and the first we have seen from the Halsey Brothers.—[Ed.]

SOON TO BE ISSUED.—A TREATISE UPON THE MEDICAL AND SURGICAL DISEASES OF WOMEN, with their Homœopathic Treatment. Fully illustrated.—By M. M. EATON, M. D., President of the Homœopathic Medical Society of Cincinnati, etc.

**Editor's Drawer.**

ST. LOUIS, February 16, 1880.

MY DEAR DOCTOR: Has it ever occurred to you that you may be derelict to the best interests of the REVIEW, your readers and the profession generally in your neglect to have a "Consultation Department," interspersed with occasional "notes from the field of practice?" I have been led into this vein of thought and inquiry by certain brilliant scientific scintillations and exquisite literary beauties to be found in one of our medical journals, published, I believe, in a village called Chicago, located somewhere in the sovereign State of Illinois.

One of the first things that attracts attention is the dilemma of a practitioner, who, wishing to use *benzoic acid*, could find no "tincture" of the article, and was compelled to fall back on the first decimal trituration. A *tincture* of an *acid* would be somewhat of a pharmaceutical novelty, it is true, but we hope the pharmacists of the before-mentioned village will look well to this defective state of their art in the future.

Under the head of "Ascarides" we find a most chaste and elegant account of how to "turn up" the patient and with the fingers "remove the wigglers," with the assurance that if all be picked out they will not return, as none will be left to "breed from." We are told that they "breed every four weeks or every moon." Whether in the new, full or old moon, is not stated. The learned doctor assures us that if all be picked out there will be no relapse; but, judging from certain dietary precautions given, even where all have been picked out, we suspect him as open to the very grave charge of holding to the doctrine of "*equivocal generation*."

"Sugar in Diphtheria" is a regular scientific and literary "stunner." The entire article should by all means form a separate chapter in the very next edition of "Appleton's Encyclopedia." Any attempt at a synopsis of the profound views, perspicuity and point would be most unjust. Take a single extract as a sample of the whole. "With a microscope, these exudates are called 'tritoxid'; how natural that hydrocarbon should destroy, and sugar, I believe, is the thing; of course it is *conjecture*, and I ask your attention." Now, this *conjecture* in regard to hydrocarbon is most ingenious and truly wonderful. Shades of Faraday! Wallaston, Black, Liebig, where are you? If you be not in a sort of literary and scientific perdition, you ought to be, in that you did not give us this *conjecture* long ago.

"What will cure?" is the caption to an account of a most remarkable case of a dear old lady who had an abscess in each ovary, each opening into the abdominal cavity, all in the space of one month. The pulse went up to 140 per minute; the heart-beat could be heard in any part of the room. The cervix and os uteri presented an ulcer, which projected three-fourths of an inch; whether backward or forward, we are not told. It had a "head;" nothing said about a "tail." "Her urine dries up at those times," but what "those times" are we are unable to divine. We are happy to state that the dear old body "pulled through." Truly, she must have been "whole-hearted," copper-lined and iron-clad.

"Male leucorrhœa" is presented as sort of systematic and pathological novelty. We modestly suggest that the case would be more appropriately labeled, "C. C." (chronic clap.)

All of which, speaking after the manner of Mark Twain, "is  
A SARCASM."

A CURIOUS ENDEMIC.—Superfoetation and superfecundation are hackneyed terms but little understood. We know both are possible, but precisely how they can or do occur we are at a loss to determine.

My mind was peculiarly directed to a close study of these somewhat obscure subjects by a passing strange coincidence. Whilst on a visit during the past summer, to a certain sequestered valley in Missouri, I was struck with an appearance of a superabundant number of babies at the various farm houses: Upon inquiry of an old friend and talented physician at whose hospitable residence I was stopping, he informed me that in twenty-one cases of obstetric practice attended by him last spring, *all but four were twin pregnancies*; (and it was not much of a year for babies either.) To render the matter even more perplexing and marvelous, he stated, that almost every cow, sheep, mare, and other animals commonly bringing forth but one offspring at a birth, were blessed for presenting their respective owners with *twin* young, during this same remarkable season, in this enchanted valley.

I confess, my limited knowledge and research fail to enlighten me on the cause of such rapid replenishing of the earth in this little world found within a radius of eight miles.

We are aware that the odor of cone-bearing trees and hemlock boughs exert a wondrous and potent influence upon the fruitfulness of cohabitation, but even this idea must be eliminated, for there are but few trees of this nature near the habitations of the fortunate folk. Could it be said to reside in the atmosphere? Doctors generally hide their ignorance by the use of some ambiguous term; what shall we call this?

Will some one volunteer an explanation of this strange endemic?

ERNEST CRUTCHER.

[Copy of a report from San Francisco "Western Lancet," September, 1879.]

We recently used "Horlick's Food" in several cases of infant diarrhœa, and mal-nutrition of children, with results that prove it to be a perfect infants' food, and made in full accordance with the laws governing assimilation in early life. There are, perhaps, few conditions that call for more careful judgment than the substitution of some article of diet in cases of deficient breast milk. Preparations are still flooding the market, claiming to be properly adapted to the infant stomach, which nevertheless contains more or less starch, a most detrimental ingredient usually, and one which seldom fails to disorder the digestion, and cause wasting and diarrhœa. Horlick's Food is entirely free from starch, the flour having been changed into dextrine and grape sugar.

This food has long borne a high name, and we take pleasure in adding our testimony to that of so many physicians throughout the country as to its excellent digestive and assimilative properties. It is "recommended in dyspepsia of adults and in all diseases where digestion has been impaired."

DR. A. S. EVERETT, our whilom, genial confrere in the College, came down from the mountains to be present at the Third Annual Re-union of the Alumni Association of the College. It did us good to shake his warm hand and witness his improved appearance. Others have told us that he has a lucrative practice in Denver. Success attend him! He is one of nature's noblemen.

**REPORT ON MALTINE.**—By L. P. Yandell, M. D., Professor of Clinical Medicine and Diseases of Children, University of Louisville. After an extensive trial of the Maltine preparations of Reed & Carnrick, of New York, in private and dispensary practice, we are convinced that *Maltine* is one of the most valuable remedies ever introduced to the profession. Our exalted estimate of this article is confirmed by all of the many practitioners who have expressed to us their opinion of it. Wherever a constructive is indicated, *Maltine* will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions it is invaluable. In convalescence it is a delightful and efficacious cordial. We have invariably found it liked by children, who devour it as they do candy. The *Maltine Wine* with *Pepsin* and *Pancreatine* has yielded us the happiest results in apepsia and atonic dyspepsia, and in general muscular and nervous debility. The preparations *Maltine* with *Hypophosphites*, *Maltine Ferrated*, *Maltine* with *Pepsin* and *Pancreatine*, and plain *Maltine* we especially commend. It is prepared in innumerable combinations.

*Maltine* deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely-useful therapeutical agents that we possess.—[From the Louisville *Medical News*, Jan. 3, 1880.]

**WESTERN ACADEMY OF HOMŒOPATHY.**—The time is rapidly drawing near for the annual meeting of this body of Western physicians, at Minneapolis. Do not forget to make your arrangements to be present and prepare your papers early and forward to the Chairmen of the respective bureaux. A glorious time is anticipated, as well as a profitable one. The W. A. of H. is now firmly established. A volume of Transactions is promised for next year, so that the proceedings can go on permanent record. If you are not a member, make your application at once. We append the list of Chairmen of each Bureau

R. L. Hill, M. D., Dubuque, Iowa—Statistics, Registration, Legislation and Education.

B. Bell Andrews, M. D., Astoria, Illinois.—Sanitary Science, Climatology and Hygiene.

J. W. Hartshome, M. D., Cincinnati, O.—Obstetrics.

R. F. Baker, M. D., Davenport, Iowa.—Clinical Medicine.

D. T. Abell, M. D., Sedalia, Mo.—Provings.

H. B. Fellows, M. D., Chicago, Ill.—Psychological Medicine, Anatomy and Physiology.

L. Sherman, M. D., Milwaukee, Wis.—Pharmacy.

A. Uhlemeyer, M. D., St. Louis, Mo.—Materia Medica.

E. A. Guilbert, M. D., Dubuque, Iowa.—Gynæcology.

W. A. Edmunds, M. D., St. Louis, Mo.—Pædology.

J. A. Campbell, M. D., St. Louis, Mo.—Ophthalmology and Otology.

A. E. Higbee, M. D., Minneapolis, Minn.—Surgery.

All letters of inquiry and applications for membership can be addressed to the General Secretary,

C. H. GOODMAN, M. D.,  
2619 Pine St., St. Louis, Mo.

**REMOVED**—Dr. J. Martine Kershaw from 14th and St. Charles to 1312 Washington Ave., St. Louis, Mo.

**DR. F. VOGL** from Baxter Springs, Kansas, to Kansas City, Mo.

**DR. H. R. ARNDT**, of Grand Rapids, Mich., succeeds Dr. Mills, of Chicago, in the editorship of the *Counselor*. We shall look for many good things from the new editor. Welcome!

**HORLICK'S DRY EXTRACT OF MALT.**—We have placed specimens of this excellent preparation in the hands of several families for anæmic children, and have never seen anything act more favorably as a blood producing aliment.

MEXICO, MO., February 18, 1880.

Mexico is one of the best towns in the State, about six thousand inhabitants; ten doctors here, but no homœopath doctor. Dr. Starr, the only one that was here has gone to farming, can't you send us a good doctor?

Respectfully Yours,

G. D. FERRIS.

UNIVERSITY OF MICHIGAN, HOMŒOPATHIC DEPARTMENT, }  
ANN ARBOR, February 27, 1880. }

**DEAR DOCTOR:** You are cordially invited to attend the Inaugural Ceremonies of the Hospital and Amphitheatre, on Friday, March 12, 1880, at 7½ P. M. In behalf of the faculty,

E. C. FRANKLIN, Dean.

Address of Welcome, by Prof. E. C. Franklin; Inauguration Address, by Prof. Samuel A. Jones; other Addresses by I. N. Eldridge, M. D., of Flint, and A. J. Sawyer, M. D., of Monroe.

**DR. J. P. DAKE.**—We notice with pleasure a brilliant paper by this learned gentleman in the January number of the "British Journal of Homœopathy" on "The Regeneration of our Materia Medica." With all our heart we second his efforts in behalf of a better Materia Medica. We are overwhelmed with *trash* till we can hardly get the *truth* in drug pathogenesis. Let us do all in our power to enlighten and arouse the profession in the line of elimination and purification, in order that the genuine may be distinguished from the spurious.

**ALUMNI MEETING.**—The regular annual meeting of the Alumni Association of the Homœopathic Medical College of Missouri was held at the College March 10th. The business was purely official. The following officers were elected: President, A. S. Everett, M. D., Denver, Col.; first Vice President, J. H. Mosely, M. D., Olathe, Kansas; second Vice President, Miss E. E. Curtiss, M. D., St. Louis; Secretary, J. Martine Kershaw, M. D.; Treasurer, C. L. Carriere, M. D., St. Louis; Executive Committee, Drs. Richardson, Campbell, Kershaw, Carriere and Uhlemeyer. The Alumni Banquet was held at the Windsor Hotel on the 11th.



EFFINGHAM, ILL., February 26, 1880.

DEAR EDITOR—I herein propose to sell my office fixtures, furniture and medicines for a reasonable sum, and will throw in practice and introduce successor. Effingham is a city of about four thousand inhabitants, situated at junction of three railroads, viz.: Illinois Central, Vandalia & Chicago & Paducah. We have railroad machine shops, seven churches, and county seat. Homœopathy has been represented here for five years, and I enjoy one of the best practices in the city. If I sell, I am going to Denver, Colorado.

For further information, address me, or enquire of Jas. A. Campbell, M. D.; H. C. G. Luyties, or Munson & Co., St. Louis, Mo.

Respectfully,

J. W. HUFFAKER, M. D.

DR. T. C. DUNCAN, who was interviewed the other evening by an *Inter-Ocean* reporter, considers the St. Louis water by all odds the more healthful. The latter contains a considerable percentage of sand and clay in solution, but very little organic matter.

The Chicago fluid, on the other hand, contains a large amount of organic matter in a decomposed condition, which being taken into the system proves exceedingly deleterious.

The Doctor says, further, that to build a ship-canal from the South Branch down to the Illinois river, as an outlet to the city sewerage and sufficiently large to float large river steamers, "would not cost one-tenth as much as the foul water is now costing Chicago by driving away business and people, to say nothing of its effects upon the present population." The situation must be serious, indeed, and St. Louis, in bumpers of her best Compton Hill, pledges to her sister city all possible sympathy and co-operation in her efforts to be washed and made clean.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI. Order of Lectures, Spring Course, 1880:

Monday, 10 A. M., Materia Medica, Uhlemeyer; 11 A. M., Eye and Ear, Campbell; 2 P. M., Pædology, Edmonds; 3 P. M., Anatomy, Valentine.

Tuesday, 10 A. M., Brain Diseases, Kershaw; 11 A. M., Orthopædic Surgery, Parsons; 2 P. M., Clinical Medicine, Cummings; 3 P. M., Gynæcology, Walker.

Wednesday, 10 A. M., Materia Medica, Uhlemeyer; 2 P. M., Orthopædic Surgery, Parsons; 3 P. M., Anatomy, Valentine.

Thursday, 10 A. M., Brain Diseases, Kershaw; 11 A. M., Eye and Ear, Campbell; 2 P. M., Clinical Medicine, Cummings; 3 P. M., Gynæcology, Walker.

Friday, 10 A. M., Materia Medica, Uhlemeyer; 11 A. M., Orthopædic Surgery, Parsons; 2 P. M., Pædology, Edmonds; 3 P. M., Anatomy, Valentine.

G. S. WALKER, M. D., Dean.

# THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR

---

VOLUME III.

ST. LOUIS, MO., APRIL 15, 1880.

NUMBER 2.

---

## *CLINICAL REMARKS ON THE SUBJECT OF AFFECTIONS OF THE HEART*

---

BY DR. MARTINY.

---

Translated by Roswell D. Valentine, M. D., Canton, Ill., from the "Revue Homœopathique Belge."

In our epoch, living is very fast ; railroads, the telegraph, steam navigation, have destroyed distances ; man has no longer moments of forced repose which he formerly tasted, when events transpired less rapidly, when it was necessary to profit by stage coaches or wait for couriers ; one used to have time to reflect, to direct, to rest and be calm ; compensating reactions used to bring forth at their leisure. It is no longer the same to-day. We live in a perpetual excitement, the circulatory torrent is more precipitous, the heart is almost always agitated and when it refuses to work, it is whipped without pity by coffee, tea, alcohol, tobacco, spices, cocoa, cinchona, etc. Affections of the heart are, then, extremely frequent in our day ; formerly, at the University of Liege, the late Dr. Spring almost always began in the examination of his patients, by percussion and auscultation of this organ. He rarely found a heart perfectly healthy ; the first or the second sound presented always something irregular or abnormal. They used to smile a little at the University at this preoccupation of the master, who they said, saw diseases of the heart everywhere. He was, perhaps,



in the right. Let us imitate his example ; let us percuss carefully the præcordial region ; let us commence by searching if the point of the heart beats at its place ; if the cardiac and aortic dullness is normal ; let us place our stethoscope upon the point and rising by a vertical line to the third rib, left side, we shall hear the two left ventricular sounds, the systolic sound which is longer and the diastolic which is shorter. Between the fourth and fifth ribs, just against the sternum we shall perceive the two right ventricular sounds ; in the second intercostal space, left side, near the sternum, the sounds of the pulmonary arteries ; finally, in the second intercostal space, at the right of the sternum, the two aortic sounds. It is sufficient, in the great majority of cases, to place the stethoscope in these four regions in order to be sure of the condition of the cardiac sounds ; it is also often necessary to auscultate the carotids.

However, it is not always easy to examine the heart well ; the clinical data furnished by different special works are far from being precise and concordant ; sometimes the præcordial dullness is augmented or diminished on account of the condition of neighboring organs, sometimes the abnormal sounds are more or less masked by various causes. Also it is only after a long time, in being careful to make an examination of the heart of every patient, that one reaches the possession of the suitable clinical eye (*coup d'œil*). Thus, most of the indications given in the books, refer to the normal heart ; a heart dilated or hypertrophied may have its relations considerably changed. We imitate almost always the example of our old professor, Dr. Spring, and we have only to be thankful for it. With numerous patients we have found cardiac lesions which, perhaps, might have passed unperceived, and the discovery of which cleared up powerfully our diagnosis, and rendered our therapeutics more efficacious. In examining carefully the state of the heart, one will not be surprised to see certain affections, a bronchitis for example, last longer than he would have believed ; help will promptly be afforded by

giving to the patient a remedy acting more directly upon the central organ of the circulation.

What shall I say of the treatment of cardiac affections? It is very varied; it is very difficult; is it often efficacious? Some 20 years ago, during my University studies, when a heart affection had been diagnosticated, it was a sort of condemnation to death, more or less near by; a few palliatives, some hygienic recommendations, *Digitalis* or its alkaloid, and finally purgatives. Such were about the only therapeutics in use. Since then great progress has been realized, not only in a diagnostic and prognostic point of view, but in point of treatment. Happily, *Digitalis* is no longer administered to all patients; purgatives are no longer commonly prescribed in each case; more reasonably the regimen and hygiene which are suitable for such or such a variety of heart affections.

But unhappily the Allopathic school (and it ought to be so, since it persists in not being willing to follow our processes of study upon the action of remedies), Allopathic medicine, I say, is far from having found a medical treatment, properly so called, of cardiac affections.

It belonged to our school to make a step in advance, thanks to pure experiment, thanks above all to the study of the action of small doses, our therapeutics are enriched with a multitude of powerful remedies, and with indications often very precise. Remarkable works have been published by Homœopathic physicians <sup>(1)</sup>. We are able to say proudly to-day that we possess now amongst our remedies grand means for ameliorating and often even for curing completely cardiac lesions.

To cure certain heart affections! This idea would cause to smile many physicians amongst our adversaries. A few years ago we ourselves would have partaken of their doubts; but the numerous facts that we have observed, and well observed, have convinced us that a good number of the affections of the heart are curable. We have

(1) Dr. Hale lectures on diseases of the heart. Georges Lade, 'The heart and its troubles.'

often enough seen disappear, under the INFLUENCE OF A WELL DIRECTED HOMŒOPATHIC TREATMENT, not only the palpitations, but the abnormal sounds dependent upon an organic lesion, properly so called. It is evident that the discussion is not here about heart affections arrived at their last period, when there is considerable dilatation or hypertrophy, when the cardio-vascular tonicity is almost completely destroyed; it is above all in the beginning that the treatment is the most efficacious. Every time that a patient complains of palpitations we always auscultate with the greatest care. We inform ourselves carefully as to his personal and hereditary antecedents; it is rare that we do not succeed in discovering, it may be, a modification in the sounds or the rhythm, perhaps a diathesis, above all, the rheumatic or gouty diathesis, which explains to us this functional activity of the heart. Chlorotic women, the anæmic, have, it is true, palpitations, the bellows sound, but in our opinion one attributes too often to the anæmic effects which do not belong to it. A good many physicians neglect the examination of the heart, or make it in a brief, summary manner, and believe by this even too easily in *nervous palpitations*; they are more rare than commonly believed. "I would not know how," says Germain See (1), "to put you too much on your guard against these pretended nervous phenomena, which are oftenest only the precursor of a disease of the heart, and which oftener still serve as a mask for it." Palpitations at the beginning generally yield to a few doses, more or less strong, of *Digitalis*, which most frequently is here only a simple palliative, and which does not attack the foundation of the disease. The majority of cardiac affections are in fact a manifestation of certain diatheses: rheumatism, gout, herpes, syphilis, etc.; the physician prescribes that remedy which causes the palpitations to disappear momentarily; the patient believes himself cured, but at the end of a certain time the palpitations return, and the patient has re-

(1) Germain See, of the Diagnosis and Treatment of Diseases of the Heart, 1879.

course again to those powders or those pills which have so much relieved him; during this apparent calm, due to the action of *Digitalis*, the malady makes progress and ravages. Finally (*du reste*), what would the Allopathic physician do at the inception of a heart affection after having ordered for the patient the regimen which appears to him the most appropriate? What medicaments does he possess in his therapeutic arsenal? *Digitalis*, and always *Digitalis*; but, then, what a remedy! It subdues, as soon as the dose is sufficiently energetic, the most violent palpitations. It is given, too, *larga manu*, even to the point of producing lypothymia and syncope. We do not ignore that some other remedies have a certain favor amongst our confreres of the old school, such as, for example, bromide of potassium, chloral; but it is always *Digitalis* which remains the great panacea. The Homœopathic physician, on the contrary, has before him a great number of medicines and indications more or less precise for choosing them; it is just here that lie our strength and the secret of our therapeutic success.

But let us say in passing a word about *Digitalis*, which is daily prescribed in strong doses by our Allopathic brethren: Do they know in the least what is the action of this plant upon the heart? Not at all. You see rather Bouilland claimed that *Digitalis* was the opium of the heart.

Bean, on the other hand, that it was the cinchona of it. At this hour it is not yet demonstrated how *digitalis* acts upon the heart. Some authors hold that its action bears above all upon the large vessels.

“In fact,” says Dr. Michel Peter, “that which appears the most certain, after the researches of Homolle and Cl. Bernard, is that *Digitalis* acts upon the heart.

“But what is its mode of action upon this organ?

“Does it paralyze it, as Schiemann claims?

“Does it cause cardiac spasms, as Cl. Bernard says, or, rather, are we to believe finally with Traubes, that the heart is outside of the sphere of action of *Digitalis*, and that it acts only upon the moderating nerve of the organ, the pneumogastric?

“ But this is not all ; there are those who have said, as Sanders and Hirtz, that *Digitalis*, far from diminishing the number of beats of the heart, on the contrary, increases it, which is a simple affair of dose. In fact, in a feeble, or curative dose, *Digitalis* retards the pulse, whilst it accelerates it in a strong or toxical dose.

“ As to this little question of arterial tension, which is all physical, however, the experimenters, in placing themselves in position, seemingly alike, still hold opinions completely different. Thus, Kinglake, Beddoes, Bidaut and Villiers, Schwilque, Gubler, Ferrand, Legroux, Lelion, and Siredey, admit that *Digitalis* augments arterial tension, while in imitation of the Italians, Traube, Hirtz, Onimus, and Coblentz, say that it diminishes it ”

Well, Doctors, who pretend to establish your therapeutics solely upon physiology, you will wait a long time still before all these discussions will be terminated ; you will continue to administer in strong doses, and there is the danger, a medicine whose action you are not acquainted with ; you ridicule the Hahnemannian method, which, without prejudging anything upon the intimate action of remedies, gives the true means of studying the action of them upon the healthy man, and of employing it with security upon the sick man.

At least, one would think that, when the question is of use at the bedside of the patient, the chiefs of the Allopathic school would be in accord ; that the clinical use of this medicine would be well indicated ; there is nothing of the kind ; we cite some of the most authorized :

“ The narcotics, above all, *Digitalis*, ” says Niemeyer <sup>(1)</sup>, “ ought to be employed only with great reserve in nervous palpitations. ”

“ It has been said, ” sharply replies Jaccoud <sup>(2)</sup>, “ that *Digitalis* is contra-indicated in this kind of palpitations ; I reject this proposition, issue of the confusion of forms, and I affirm that *Digitalis* constitutes often the sovereign remedy. ”

“ This medicament, ” says Michel Peter on his side,

(1) *Lecons de Clinique Medicale*, 1878.

(2) *Elemens de Pathologie Interne*.

“seems to have only an influence almost powerless upon purely nervous palpitations.”

The uncertainty is quite as flagrant when the question is valvular lesions and of the dilatation of the cardiac cavities.

“I am not ignorant,” says Jaccoud, “that the confusion upon this subject has arrived at that point that certain authors advise *Digitalis* in active hypertrophy and prescribe it in dilatation. *Digitalis* is indicated when the cardiac energy and arterial pressure are decreased; it is contra-indicated when the energy of the heart and arterial pressure are increased.”

On another hand, Michel Peter recommends this medicine in “palpitations which commence the series of cardiac affections and characterize the first phase of diseases of the heart,” without making any distinction between the different lesions.

“The usefulness and indication for *Digitalis*,” says Foussagrives, “in the different diseases of the heart, constitute points in the clinical history of this medicament which are still far from being elucidated, and here as ever, one had rather invoke theory than observation, which, however, is only admissible in this matter, according as one sees in *Digitalis* <sup>(1)</sup> either with Schiemann, a paralyzer of the heart, or with Murray, Bouilland, a special hypermyosthenic of this organ, it is opposed here to an exalted action, there to an enfeebled action of the cardiac fiber.” “*Digitalis*” <sup>(2)</sup>, says M. Germain See, “is called to intervene every time that the heart becomes unable to surmount the obstacles opposed to the circulation.” This is very vague and very difficult to prove; the efforts of M. See have not elucidated the question.

In short, these discussions and these disagreements would not have yet too much importance if *Digitalis*, in

(1) This accident is so well known that it has received a particular name, digitalism; the same as we know morphinism, chloralism. This medicinal asystole is a new demonstration of the law of similars.

(2) *Traité de thérapeutique appliquée*.—1878.

the Allopathic dose; were a medicine more or less inoffensive; unhappily it is far from being so; this substance, even in a moderate dose, may bring consequences the most grievous; let us hear rather what says Doctor Jaccoud:

“The organism does not become accustomed to *Digitalis*, the effects accumulating in proportion as the use of it is prolonged. Thus can be seen to succeed each other at the bedside the two phases, which constitute the complete action of excited motor-substances; the initial excitation very strong or very long, ends in exhaustion; then, with or without gastric disorders, with or without cerebral troubles, the beats of the heart lose their force, they increase in frequency, the arterial tension decreases, and an artificial asystola <sup>(1)</sup> is produced, which may kill, it may be by a syncope, or it may be by the asphyxia resulting from the decrease of arterial pressure and of the consequent venous stasis. It is enough to say that medication by *Digitalis* ought to be watched closely; it is necessary to remember above all that the action survives several days the omission of the remedy.”

*Digitalis* is a medicament whose action is obscure and whose indications are badly defined. In most cases of cardiac affections it is impossible to tell in advance whether, administered in an Allopathic dose, it will not aggravate in a manner sometimes terrible, the condition of the patient instead of relieving it.

“*Digitalis*,” says Professor Germain See, “has this very interesting thing in its action, which is being eliminated only very slowly, in about five or six days, the doses of each day are added to the preceding and accumulate in the economy in such a manner that if you prescribe successively increasing doses you will expose yourself to serious dangers.”

“For my part,” says Dujardin Beurnetz <sup>(2)</sup>, “I have been able to observe individuals for whom it was sufficient

(1) *Traite Pathologie interne.*

(2) *Lecons de clinique therapeutique; traitement des maladies du cœur.*—1878.

to discontinue the too prolonged use of this remedy, in order to produce a most remarkable amelioration." Here then is a medicine whose action ought to be closely watched, and which is daily prescribed without certainty as to its effects and indications, which the unhappy sick sometimes go to procure for themselves without the order of the physician. Several times already patients in coming to consult us were bearers of a vial of granules of *Digitaline*; one might have said of simple bonbons, and notwithstanding it is a simple remedy whose action, too prolonged, produces an artificial asystole, which may "kill by syncope." God knows how many poor sick people, who might have lived several years longer, have died sometimes even suddenly, victims of the abuse of this medicine.

There is more still; the prolonged use of *Digitalis* will produce, according to M. Ant. P. Ath. Rabuteau, fatty degeneration of the heart, the same as *Alcohol*, *Arsenic*, *Antimony*, which like *Digitalis* moderate organic combustion and nutrition; thus, in mixing with the food of a dog ten to fifteen centigrammes of the powder of *Digitalis* every day for three weeks, the heart presents afterwards, at the autopsy, an appearance of incipient fatty degeneration.

Meyerand (1872) has confirmed this fact by giving to a large dog twenty centigrammes of powder during thirty-two consecutive days, at the end of which the animal succumbed; the fleshy columns and the muscular fibres of the walls of the heart were of a yellowish color<sup>(1)</sup>.

Is this to say that *Digitalis* ought to be proscribed in affections of the heart? On the contrary it is a precious remedy which sometimes renders the most signal service; unfortunately its pathogenesis is not yet well established; there are several aspects of its Homœopathic action which are not well studied.

The celebrated English Homœopathic physician, Rich-

(1) Dict. ann. par P. Garnier. Xe. annee, t. 74. p. 167, et art medical, Decembre, 1879, p. 443.



ard Hughes, gives an excellent *resume* of it in his work, known as "Action of Homœopathic Remedies." "This medicament," says he, in summing up, "is Homœopathic to all forms and periods of cardiac weakness, even to that of complete dilatation and paralysis." But, when the Homœopathic physician has recourse to this remedy, he gives it only in feeble doses, and is not liable to see accidents happen; we are of the opinion of Dr. Hughes: it is necessary generally to have recourse then, in preference, to the very low dilutions, even to the mother tincture <sup>(1)</sup>.

Numerous great volumes have been written upon the subject of the diagnosis of the different cardiac affections; wise dissertations have been made in order to determine that such or such a valve was attacked, that there was contraction or insufficiency; to-day the practice has arrived, under this teaching, at a certain perfection, at the point that a practitioner, a little enlightened, will indicate easily, almost always, the special lesion which exists. But in a therapeutic point of view, properly so called, there is no necessity for such precision; the important thing, when one finds himself in presence of a patient, is to know at once if he has really a heart affection, which is not always easy to diagnosticate, particularly at first; but it is not so indispensable to know exactly how to recognize what species, what variety is to be dealt with. The practitioners of the Allopathic school generally confine their attention to recognizing such or such cardiac lesion and to guiding themselves by the gen-

(1) Since a certain time the Allopathic physicians have been in the habit of prescribing *Digitaline*; it appears that this which is sold under the name of *Digitaline* is a product complex enough, and the composition of which is far from being always identical; even in the crystallized *Digitaline* of Nativelle have recently been found several different substances; besides, this last possesses such an intensity of action that  $\frac{1}{4}$  milligramme a day, says M. Germain See, it appears to me, ought to be the maximum dose. When a medicine presents such an activity it is not easy to have it enter into the practice of each day. (See Germain See, *Maladies du Cœur*, p. 337.) Add, that *Digitalis* itself (powder, tincture, extract) becomes changed with the greatest facility, at last all is confusion in relation to this remedy.

eral condition of the subject, in order to decide if they shall employ evacuants, depletives, excitants, narcotics, etc. Many other considerations, on the contrary, ought to enter into the account when it is necessary to establish the Homœopathic treatment. The physician ought to note carefully all the symptoms, however small they may appear, which are complained of by the patient, the causes, the antecedents, etc., etc., because all these circumstances will influence the choice of the remedies. For cardiac affections, as well as for others, it is not sufficient to diagnosticate the genus and species; it is necessary also to individualize the case according to the precepts of our school; and thus it is that one succeeds in choosing well the remedies, to make what is called a good therapeutic diagnosis.

(TO BE CONTINUED.)

---

## *DISCUSSIONS.*

[In the St. Louis Homœopathic Medical Society, July 28, 1879.]

Dr. Cummings read a paper on Puerperal Phlebitis, or Phlegmasia dolens, which was discussed as follows:

DR. COLLISSON: I think this is a subject of considerable interest. The first real case of this disease I ever saw occurred years ago, when I was practising in Illinois. I was called in the middle of the night to go out ten miles to see it. It had been in the care of a physician for some time, and the family had concluded to try little pills.

I found that the woman had been thoroughly blistered, that leeches had been applied, that she had taken a pint of *Castor Oil* in 24 hours, without procuring an evacuation of the bowels, that the lochia had stopped, that the limb was very highly inflamed, and the woman was delirious. I covered the blisters with chamois leather, applied *Arnica*, and enveloped the limb in a table oilcloth. I gave *Arsenic* 2<sup>x</sup> internally, and stayed with the case until daylight, when she was much more comfortable. She recovered

in a short time, and I delivered her afterward three or four times without her having any recurrence of the disease. In the treatment of this disease I have been successful with hot fomentations at first, and the *Chloroform Liniment*, referred to by Dr. Cummings, used later. *Arsenic* is the main remedy internally. *Pulsatilla* has little effect until the condition has got to be one of milk leg. *Veratrum Viride* is good, in the inflammatory stage.

There is much controversy on the pathology of this disease. My theory is that the pressure of the foetal tumor upon the vessels in the latter part of pregnancy causes a sluggish state of the circulation in the lower extremities from which the disease is developed. Inquiry generally shows that these patients have been "lame" in their limbs for some time preceding the attack.

The theory that the disease is caused by blood-clots, I do not believe. The condition in which these vessels are stopped up does not occur until the disease is considerably advanced. Nor do I think it is caused by tearing away the placenta, though this operation might endanger the uterus. Judicious instrumental delivery would not cause it. I think it results from the slow inflammatory condition which exists before labor, and that some fault in delivery or constitutional trouble may be added causes.

DR. COMSTOCK: I think the essay a very good one. Of this disease I have had but few cases lately. I used to have more, perhaps because we had poorer obstetricians years ago. I believe that the disease is very frequently traumatic; that many of the cases are the result of meddlesome midwifery. Few of the doctors that graduated over 12 years ago understood the mechanism of labor. They committed many sins of omission and commission, and many post-partum troubles were the result of officious examination. One of the common errors was the early rupture of the membranes, which I think is a very unwise proceeding, but which has been advised by high authorities. Only two years ago two eminent doctors in a British medical society declared

themselves in favor of rupturing the membranes when the os was dilated to the size of a silver dollar. This opinion, or instruction, as it really was, was published, and was allowed to go unquestioned. In my practice I very seldom rupture the membranes, whatever may be the amount of the dilatation, so long as the labor is progressing, and the woman doing well. I do not wish to be understood as saying that I never rupture them, because I do when I think I have a good reason, such, for instance, as paralysis of the uterus from over-distention by the waters; but I think it is better not to do it at all, unless actually necessary.

Another custom productive of much mischief at the present time, and one indulged in by many doctors and all midwives, is that of pulling away the placenta if it is not expelled within five minutes after the birth of the child. All that is necessary in most cases where there is any delay in the expulsion of the placenta, is to excite contraction by pressing the hand on the fundus of the uterus without even examining to see if the placenta is coming away. If necessary I continue the pressure one half an hour or an hour, and I have the placenta delivered by uterine contraction if it is possible. Where this is done there will be no subsequent trouble in ninety-nine cases out of a hundred.

As I have said, I think this disease, *phlegmasia dolens*, often results from traumatism. I think it may also result from improper involution with deranged lochia. In nearly all cases there is a stoppage or derangement of the lochia.

In the treatment I have used *Turpentine*, *Hamamelis*, *Chloroform Liniment* and *Aconite*, externally, and *Arsenic*, *Aconite*, *Belladonna* and mercuries, internally. It is a serious disease, and apt to be chronic. Sometimes a pain in the knee lasts for years.

DR. PARSONS: I would like to ask if *peritonitis* ever complicates this disease; and I would like to know whether Dr. Comstock ever uses intra-uterine injections in its treatment?

DR. COMSTOCK: Where there is little or no lochial dis-

charge with a foetid smell, I use a solution of *Phenol-sodique*, a preparation of pure carbolic acid and soda, introduced by French pharmacists. I use it in the proportion of from  $\frac{1}{50}$  to  $\frac{1}{10}$  with water. When the os is widely open there is no particular danger in injections carefully given. Years ago I used simply warm water, *Chamomile* tea, or infusion of *Cinchona*.

DR. CUMMINGS: How do you apply *Aconite* externally?

DR. COMSTOCK: On cotton, after the previous use of *Turpentine*. When speaking of traumatism, I might have mentioned that a lingering labor might cause it.

DR. COLLISON: I would like to corroborate the remarks of Dr. Comstock in regard to rupturing the membranes. I once knew a doctor who commonly punctured the membranes with a sharpened hickory stick. He had short labors, but in many of his cases there were troublesome sequelæ. I differ a little from Dr. Comstock in the management of retained placenta. While I do what I can to excite contraction, I pull a little on the cord.

DR. COMSTOCK: There are no two cases of labor alike. Night before last I attended a lady whom I had attended three times previously. They are a pretty smart, observing family, and the woman got it into her head that the presentation was not of the head. I asked her what made her think so, and she said that when I had attended her before I had always told her, after making the examination that it was a head presentation. This time I had not done so. On the first examination, I thought it was a head presentation; but when I examined the second time, I found the bag of waters presenting in an irregular shape. I have noticed that when this occurs there is generally an irregular presentation. I thought so in this case. When there is a breach presentation nothing should be done to hasten the discharge of the waters, nor the progress of labor, until all is born but the head. Then there should be no delay.

DR. KERSHAW: I would like to ask Dr. Comstock if there is any danger of exciting hour-glass contraction by pressure on the fundus of the womb?

DR. COMSTOCK: No; the placenta is in the fundal

region, and makes a tumor which is easily found, so that the pressure can be applied directly on the fundus, and would have no tendency to excite hour-glass contractions. In the management of labor I never give any medicine unless I consider it necessary.

DR. KERSHAW: I asked this question because several years ago I saw an article in some journal stating that manipulation of the uterus might cause hour-glass contraction. About that time I had a case of hour-glass contraction which gave me considerable trouble. I had employed manipulation to excite contraction, and I did not know but I had manipulated the body of the uterus and so caused the contraction of its lower parts.

DR. CUMMINGS: Did you give *Ergot*?

DR. KERSHAW: I don't remember.

DR. CUMMINGS: I once gave it to prevent hemorrhage, with the result mentioned.

DR. COMSTOCK: There are a number of doctors here in the city that make a practice of giving it during the last few pains. If I thought, in any given case, that there was danger of hemorrhage, I might give it when the head was ready to pass, but I consider the remedy dangerous and not to be used unnecessarily. My method with the placenta is recommended by Playfair, and I think it is most satisfactory.

DR. PARSONS: The remarks, though interesting, are wandering from the subject, and are really out of order. There are facts which indicate that phlegmasia does not begin at the uterus. The disease generally seems to begin at the bottom of the limb, and to extend upward. Generally there is no tenderness at the femoral ring in the beginning of the disease. Inflammatory troubles ordinarily extend in the direction of the circulation and not against it. If this inflammation began in the uterus, I should expect it to extend the other way. Still, there are cases that I have no doubt do begin there. Cases sometimes occur in the non-puerperal state that cannot be distinguished from ordinary phlegmasia except from the absence of uterine complications. During the prevalence

of this disease the secretion of milk is sometimes diminished, sometimes not. It does not always begin with the secretion of milk, it sometimes commences earlier, sometimes later.

In the treatment mentioned nothing has been said about position. I always elevate the limb in the puerperal or non-puerperal patient. Less blood enters the limb, there are less pain, less exudation and less swelling. In regard to the medical treatment, I have nothing to add.

Sometime since I read an account of a chronic case that was cured by ligating the femoral artery, an operation also recommended for elephantiasis.

DR. BAHRENBURG: I think it is the best plan to let breach presentations take their course. I had a case last winter that terminated favorably under that management. I have given no *Ergot* for twenty years, except for hemorrhage. In ordinary cases of labor I give no medicine. I let nature alone.

I recall one case of milk-leg. The woman had been delivered twice with instruments. Her abdomen and leg had been enlarged for months. Turpentine and warm cloths were applied locally and *Sulphur* was given one week and stopped for a week; then *Sepia* was given. *Phos. 3<sup>x</sup>* was given to finish the case. The woman entirely recovered. Was delivered a third time by a midwife and had no subsequent trouble. She was formerly plethoric, but after the use of the remedies she was reduced in size.

DR. KERSHAW: Dr. Guernsey says, "Never remove the placenta, even if retained three weeks." I would like to ask Dr. Comstock whether he would ever take away the placenta?

DR. COMSTOCK: I would take it out, if detached. I was once called out in the country to see a case and found the placenta in the vagina.

I have digressed considerably from the subject, but I got onto this subject for the purpose of illustrating traumatism, a prominent cause of phlegmasia.

I once delivered a case with the forceps. Soon afterward the woman fainted. There was hemorrhage and the womb was nearly as large as before delivery. An hour-glass contraction was excited. I applied my hand to the fundus. Soon there were normal contractions and the whole trouble was removed. I had another case of hour-glass contraction where I introduced my hand and removed only a part of the placenta. Metritis, gangrene and death followed. If I had let it alone it could have done no worse. There are cases which demand it, but it is a serious matter to introduce the hand into the uterus.

DR. MORGAN: Seeing that the discussion has taken this turn, I might mention a case of retained placenta that I had last winter. I manipulated the uterus, pulled some on the cord, and gave *Ergot* without avail. I waited about ten hours, keeping pretty close watch of the case for fear of hemorrhage. Then I introduced my hand and found the placenta, throughout the greater part of its extent, seemingly about as closely adherent as an arm to the shoulder.

To separate it I retained my hand in the uterus, I believe, for fully half an hour. I was determined to get it all and I did so. The woman made an excellent recovery, did as well as could be expected in a most favorable case of labor.

DR. COMSTOCK: Didn't your hand seem as if it was in a vice?

DR. MORGAN: Yes, it did, but I kept it there until I got the placenta. It made the woman a little uneasy, but she endured it.



**“HOMŒOPATHY IN THE WEST;”**

A toast at the Alumni Banquet, March 11th, responded to by Prof. S. B. Parsons, as follows:

MR. PRESIDENT :

In speaking to the toast of “Homœopathy in the West,” my mind goes back to the pioneer days of Homœopathic disciples in our land of prairies, and I can but compare those days with the present. We are all acquainted with their early struggles and difficulties; how manfully they fought against feelings of the most intense hatred, bigotry and prejudice of a professional sect; how popular and public sentiment alike were entered against them; how the daily press even closed its avenues of reaching the public mind against them in their battle of self-defense, and men of the clerical order waxed hot in opposition to the introduction of the principles they advocated, and advised their parishioners to die in the old faith rather than investigate the new faith. How different are our surroundings to-night! The wealth, beauty and intelligence around us are our patrons and at our command. The feelings of active hostilities so prominent in days gone by, so manifest under every and on all occasions by advocates of other systems of medicine, the sneers and looks of scorn whenever they chanced to meet an Allopathic foe, have been substituted by the courteous nod of recognition and the pleasant how-do-you-do; the pulpit orators are now giving their help to the extension of the school which holds that “’tis the mild power that cures;” the press now shows no impartial feeling, but deals justly and equally with all. In this brief review of the trials and troubles of our earlier brothers in this work, and the warfares they were continually and unavoidably engaged in, is there a heart here to-night which cannot appreciate the blessings of peace we enjoy? Is there a heart here to-night which cannot give all praise and honor to such men as Hempel, Pulte, Small, Guilbert, Smith, Adams, Temple, Vastine, Hough-

ton and others whose names are recorded on the tablet of veterans in the noble army of Homœopathic warriors? Within the space of one-third of a century how great the change made by the efforts of these men to relieve the world from its thralldom of unnatural medical treatment! For at the beginning of that time there was but a Homœopathic physician here and there in the Western States, who had come west and planted the flag of *Similia* on the very verge of civilization, and there established the fruitful seed that was so soon to spring forth into a thousand fold of golden grains. How is it now? The number is legion. Thousands of earnest workers in the Homœopathic ranks are scattered throughout the same territory. And notwithstanding the numbers are large and increasing yearly, the cry comes to us from every quarter for more, more, to supply places where none have located. Colleges, hospitals, dispensaries, journals, have all sprung into existence within that time, whilst municipal and state recognition, which year by year becomes more liberal and tangible, evince the growing favor in which our school is held by the public at large. Step by step the progress of Homœopathy has marched onward and upward with the growth and development of civilization in the West, and it may be said in this respect that it outranks the Eastern States in rapid dissemination of its great principles among mankind. It is no longer the Will-o-the-wisp of which we so often heard in days gone by, as proclaimed by the Allopathic fraternity, but a light whose radiance is so fixed and bright that the intelligent masses of every community accept it as the guiding star that points to a haven of far greater security than the false, uncertain gleaming that flickers and flutters in the glooming of the Allopathic world. Upon us devolves the duty of maintaining and protecting its reputation and dignity. Unto us is delivered the charge of extending its benefits among the dwellers of the western country, and we are responsible for its social and professional standing, be it good or be it bad. That condition is and will be just what we make it. It rests

wholly upon our efforts. But, Mr. President, as each succeeding year finds a more determined feeling in the medical schools of our country to elevate the standard of medical education, and send out only such alumni as are properly equipped to contest with the arch-enemy of human life, I think the welfare and interests of Homœopathy in the West will be carefully guarded and advanced.

---

*AN OPEN REPLY TO THE EDITOR OF THE  
AMERICAN OBSERVER.*

---

DR. E. A. LODGE—*Sir:*

In the light of my membership in the National Homœopathic Medical Society, in the Wisconsin State Hom. Medical Society, and in the Medical Society of this city, I beg to decline to submit my credentials to a *self-constituted Board of Censors*, consisting of *two irregular graduates*—yourself and Sam Jones; you having been publicly accused in this respect by Dr. T. C. Duncan, in the “Investigator” of August, 1870, and having never replied thereto; and Professor Jones never having been examined by the Faculty of any Medical College in the country for his degree of M. D. <sup>(1)</sup>. When you satisfy me of your and his regularity, and of your right to question mine, I may satisfy your demands. Self-constituted judges should not be less qualified than the accused.

Had any *respectable* member of the medical profession made the charge of his own knowledge, which you ascribe to Prof. Jones, this reply would have been couched in a different tone.

I am yours truly,

SAM'L POTTER, M. D.

*Milwaukee, March 25, 1880.*

(1) My authorities for this are the written statements of the Deans of the two colleges whose diplomas Professor Jones claims to possess.  
S. P.

Lest any of my friends, in ignorance of the little weight to be attached to anything that Prof. Jones may say of an opponent, should think his slurs worthy of consideration, I beg to append the following copies of the action of *gentlemen* upon the record of my medical education.

Prof. Jones and Dr. Lodge had better purge themselves of the charges now on file against them in the American Institute of Homœopathy, before endeavoring to prejudice the profession against their accuser.

SAM'L POTTER.

MILWAUKEE, March 26th, 1880.

---

NASHVILLE, TENN., Feb. 28th, 1880.

*To whom it may concern:*

I am pleased to certify that I have carefully examined the testimonials submitted by Dr. Samuel O. L. Potter, as to his course of study, and extent of his medical acquirements, and that I am satisfied he very fully earned, and justly received the diplomas of the Homœopathic Medical College of Missouri, and of the Chicago Homœopathic Medical College.

The time spent and opportunities enjoyed by Dr. Potter for a thorough, scientific and medical training were greater than usually demanded in graduates in our American colleges.

J. P. DAKE, M. D.,

Ex-President American Institute of Homœopathy.

---

NEW ORLEANS, LA., March 2nd, 1880.

*To all whom it may concern:*

I have carefully examined all the papers, tickets, diplomas, etc. submitted in evidence by Dr. Samuel O. L. Potter, and I declare my opinion that Dr. Potter is fully entitled, under the rules of the profession and the laws of the country, to practice medicine.

It is incomprehensible to me how any doubt has ever been raised on the subject.

WM. H. HOLCOMBE, M. D.,

Ex-President American Institute of Homœopathy.

---

PITTSBURGH, PA., March 8th, 1880.

*To all whom it may concern:*

I hereby certify that I have critically examined all the certificates, lecture tickets, medical diplomas, etc., of Samuel Potter, M. D., placed in my hands, and am prepared to say that the degree of M. D., conferred on him by the Homœopathic Medical College of Mo., and the *Ad Eundem* diploma awarded him by the Homœopathic Medical College of Chicago, Ill., are but the just rewards of proficiency and merit. I am fully convinced that the time devoted to the study of medicine, the advantages enjoyed, and the literary attainments reached, entitle him to the confidence of the public and the profession, as a well qualified physician.

J. C. BURGHER, M. D.,

Ex-President American Institute of Homœopathy.

---

At a special meeting of the Milwaukee Academy of Medicine, held Feb. 21st, 1880; present—Drs. E. M. Rosenkrans, Lewis Sherman. E. W. Beebe, E. A. Gatchell, Mary E. Hughes, E. A. Storke and Samuel

Potter. Professor Chas. Gatchell, M. D., late of Michigan University, was also present.

The following resolution was unanimously adopted:

WHEREAS, Statement has been made by Dr. Samuel Potter, President of this Society, that certain members of the profession, actuated by a spirit of malice, are circulating false reports, reflecting on his medical education, thereby injuring him in the minds of the profession; and

WHEREAS, This Society, in committee of the whole, has examined the letters, certificates, lecture tickets and diplomas which he possesses;

*Resolved*, That we find that he has graduated at a College in good standing, and fully satisfied the requirements of the medical institutions of the country, in respect of preliminary educational qualifications, clinical and lecture courses, and a rigid examination.

E. M. ROSENKRANS, *Pres. pro tem.*

E. A. GATCHELL, M. D., *Sec'y pro tem.*

Having examined the papers referred to, I concur in the above cheerfully.

C. C. OLMSTED, M. D., *Vice-President.*

## **Among Our Exchanges.**

DR. J. H. BUFFUM, late resident surgeon of the New York Ophthalmic Hospital, having been elected to the chair of Ophthalmology and Otology in the Chicago Homœopathic Medical College, has succeeded to the practice of the late Professor W. H. Woodyatt. Practice exclusively Eye and Ear. 90 East Washington Street, Chicago.

TREATMENT OF HYDROPHOBIA BY CURARA. —A boy, 12 years of age, was bitten by a mad-dog. After a long incubation, hydrophobia was developed. After using Chloroform, injections of Curara were used in seven doses of seven grains as the total amount in five hours and a half. With the first dose muscular motion ceased, and with it also the dread of water, and all spasmodic twitchings; and, finally, complete calmness for forty-eight hours. When symptoms of the disease again returned, Curara, in one-third of the dose, was continued until health was re-established. There was some local inflammation around the points injected.—[*Giornale de Venice.*

**MARRIED.**—Dr. R. L. Hill, of Dubuque, Iowa, to Miss Mary J. Goff, March 12th, at the residence of the bride. We wish the parties much happiness.

**THE Filiaria Sanguinis Hominis** is a parasite common in India, China and other countries, and quite likely to visit us, with our motley and changing population. It inhabits, as the name implies, the blood, migrating to the lymphatics, but seldom infesting outside tissues, like the trichina. Its length is  $\frac{1}{16}$ th and its diameter  $\frac{1}{3500}$ th of an inch—just about the diameter of a blood-corpuscle. Among the diseases attributed to its presence is chyluria. This affection, however, may also, doubtless, arise from other causes, as from a diseased kidney, which eliminates granular fat, just as it does abnormally sugar or albumen. —[*N. Y. Medical Journal*, February, 1880.]

**DURATION OF PREGNANCY IN THE ELEPHANT.**—On March 10th a female elephant, belonging to a circus in Philadelphia, gave birth to a baby which weighed two hundred and thirteen and one-half pounds, and was thirty-five inches in height. This, according to the "*Clinical News*," is the first recorded instance of an elephant breeding while in captivity, in any country, and also the first on record in which the period of gestation has been accurately determined to be twenty-one months and a half. The elephant was covered by a male elephant at Concord, N. H., May 25, 1878. The facts concerning this, and concerning the early history of its pregnancy, appeared in the "*Record*" for March 22, 1879.—[*Medical Record*.]

**VAGINAL HYSTEROTOMY.**—We learn that our former townsman, Prof. E. W. Jenks, now of the Chicago Medical College, has successfully performed the difficult and rare operation of vaginal hysterotomy, removing the entire uterus through the vagina. The operation was performed on the 8th ult., and the patient has been discharged completely recovered. The operation was resorted to on account of malignant disease of the uterus, and was the only procedure which could shed a ray of

hope on a helpless disease. We congratulate our friend Jenks on this success, which, however, can only serve to establish more securely, if possible, the position which merit has long since secured for him among the gynæcologists of this country.—[*Therapeutic Gazette*.

**INFLUENCE OF PILOCARPINE ON BALDNESS.**—The following occurs in the “*Moniteur Scientifique*” for February, 1880: “Dr. G. Schmitz has twice noticed the reproduction of hair on the head of bald patients, whom he had treated with hypodermic injections of pilocarpine for eye diseases (*Berl. klin. Wochensch*). On an old man aged sixty, who had been operated on for double cataract, he made three injections in the space of fourteen days; the membrane over the pupil disappeared, as he expected, but at the same time the head of this man, who was completely bald, became covered with a thick down, and afterward his hair grew and became thicker, so that at the end of four months there was no trace of baldness left, and the patient became the possessor of an abundant crop of hair partly white and partly black. In the case of another patient, thirty-four years old, suffering from detachment of the retina, the top of the head was entirely without hair on a surface as large as a playing card. In this case also two injections of the same medicine resulted not only in curing the eye disease, but also in the reproduction of hair.

**ON THE TREATMENT OF NIGHT-SWEATING IN PHTHISIS —JABORANDI AND PILOCARPINE.**—Mr. Murrell publishes the result of treatment in thirty-three cases of sweating, in which either Jaborandi or Pilocarpine was administered. Thirty patients were affected with phthisis; seventeen cases were given Pilocarpine, generally the nitrate, but occasionally the hydrochlorate. The dose was usually one-twentieth of a grain; at first it was administered in solution in water, but latterly in the form of pill, with sugar of milk. The drug was given three or four times a day. In night-sweating one dose at bed-time will suffice, unless the sweating is profuse, when it is best to give

three pills during the night. He never gives the drug hypodermically. Pilocarpine acts slowly ; it does not over-dry the skin, but leaves it moist. On account of its tastelessness it can be readily administered to children. Jaborandi was given in sixteen cases ; two had rickets, one emphysema and bronchitis, while the remainder were affected with phthisis. The doses varied from one to twenty minims every three or four hours. In a case of sweating accompanied by flushings, the tincture of Jaborandi, in minim doses every three hours, checked the former in one week, but the flushing remained. On the other hand, in two cases in which there were flushings but no sweating, relief was obtained by the use of tincture of Jaborandi, in five-minim doses every four hours. Phthical patients stated that the drug "did the cough good," "brought up the phlegm," and "eased the breathing." It is, therefore, useful as an expectorant.—[*The Practitioner*, December, 1879.]

EPITHELIOMA OF THE CERVIX UTERI.—The advantages to be gained from such an instrument as Pacquelin's thermo-cautery, in the operation of epithelioma and other cancerous affections of the uterus, have been limited by the difficulty experienced in protecting the vagina and vulva from the heated shank of the knife. When a wooden sheath is used the wood may be ignited and the patient badly burned. The use of wet cloths gives rise to so much steam as to obscure the view, and besides, the protection afforded is very incomplete. Asbestos answers well for about three minutes, when it becomes hot and useless. To obviate these difficulties, Dr. Wilson, of Baltimore, has devised a hollow metallic shield through which a constant stream of cold water flows. This prtoector is said to answer the purpose admirably, the soft parts being perfectly guarded from the effects of the heat, while the knife itself is capable of being raised to any desired temperature. Owing to the difference in the length and construction of the different knife-shanks, it is found necessary to have more than one of "Wilson's



anti-thermic shields'' for each set of knives. For the blunt cautery a hinged shield has been made, which necessitates a separate water-supply for each side. All this difficulty may be readily avoided by a slight modification of the shafts of the knives and cauteries, which will not in any way impair their usefulness. The advantages of Pacquelin's instrument over the electro-cautery, it is claimed, are not only its greater cheapness, portability, and reliability, but also its greater effectiveness, it being possible to advance farther and more safely into the uterus and the walls of the vagina with this than the electric wire. The absence of hemorrhage and the complete removal of all septic material, the closure of the divided vessels, thus preventing the absorption of septic germs, are its advantages over all cutting instruments.—[*Medical Record*.

EARLY MENSTRUATION. *By J. W. Foster, M. D., of Kansas City, Mo.*—In October, 1878, while traveling in Southwest Missouri, my attention was called to a very interesting case of early menstruation. The child, then about two years old, had been menstruating some five months, the discharges occurring at regular intervals of three and a half weeks. There was nothing unusual present in the case with the exception of the early age of the patient. Her father was very much exercised about the welfare of his little daughter, and his solicitations were very earnest as to the future probability of the case. He had consulted many of the local physicians, and they had never seen an example of so early menstruation before. I assured the father that he need not be apprehensive of any immediate or remote danger, as the child was as healthy and perfectly developed as Venus de Medici. More than fourteen months have now elapsed since this case came under my observation and the child has remained perfectly healthy ever since. She continues to menstruate with all the phenomena pertaining to this function. Her breasts are showing signs of advanced development and the pudenda is also well coated with a

soft, silky hair, showing unmistakable signs that she is susceptible of impregnation. Another peculiar expression in the character of this child at the present age is a marked shyness or timidity fully expressing the womanly decorum and manner, which we so ardently admire in the gentler sex. In 1870 I saw in Cincinnati, a case similar to this one. In that instance the child began menstruating at the age of seventeen months, and when I saw her she was twenty-seven months old and presented all the features of a girl fully arrived at puberty. I have been unable to learn anything of the subsequent history of this last mentioned case, from the fact that in the spring of '70, her parents took her to Germany, they being Germans. It was their intention to visit the various medical schools and hospitals of Europe, and exhibit this early freak of nature.—[*St. Louis Medical and Surgical Journal*.

**SURGICAL STATISTICS WITH AND WITHOUT LISTERISM.**—The statistics given by Mr. Lister of the results from his operations performed under strict antiseptic precautions, have called forth a reply from the pen of Mr. James Spence, of Edinburgh. Mr. Lister took a period of five and three-quarter years, during the period when he says his antiseptic system has been more perfectly carried out. During that time he had performed eighty major amputations, with nine deaths. Claiming the same right, Mr. Spence takes a period before the antiseptic system was heard of, when he used the very simplest dressings. He finds that out of sixty-three major amputations he had three deaths; during the same period, out of twenty-three excisions there was but one death. Mr. Spence objects to Mr. Lister's elimination of fatal cases, by which means the claim is made that "no patient died from preventable disease," and he reminds Mr. Lister of a fatal case of amputation at the shoulder-joint, of which no mention had been made. Mr. Lister's experience in united fractures of the femur is thought to be unusually extensive, for during a much longer period Mr. Spence has met

•

with but two such cases, and one of these was rather a case of delayed union than non-union. Both were operated upon successfully, and without giving rise to constitutional symptoms. According to Mr. Spence, Mr. Lister does not state clearly the results of his operations as regards union, but Mr. Spence knows of one case in which the operation was repeated once or twice without union resulting. Of the resection of bones during acute necrosis, Mr. Lister gives no examples; in this class of cases Mr. Spence has been uniformly successful, and no spray or special antiseptic method has been used. Nor does Mr. Lister give his results in excision of tumors, although Mr. Spence claims that the large cut surface exposed to the air during these operations renders this class of cases, according to the germ theory, especially liable to infection; in Mr. Spence's experience it is the exception for these cases not to do well. In regard to the application of the antiseptic system to chronic abscesses, Mr. Lister is asked to explain the fact that when he left the Edinburgh Infirmary there remained in his wards, uncured, some seventeen of these cases. Mr. Spence found in his experience that, as regards constitutional symptoms, these cases did well under the antiseptic system, but not as to cure or arrest of discharge.—[*The British Medical Journal*, January 24, 1880.]

TOUR AROUND THE COLLEGE WORLD—HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI. *By Quill.*—Badly used up from excessive work during February, the sickliest month with us since July, we turned over our patients to four medical friends, and winged our way southward to rest and resume our tour among the “doctor factories.”

At St. Louis we were piloted to the college building by Prof. Kershaw, where we found Prof. Cummings, with his able corps of assistants, among them Mrs. Dr. Pearman, nearly buried out of sight amid the multitude of clinical cases. Such an abundance of material we have not seen since we left the New York Ophthalmic

Hospital. We found some interesting children cases, and we must give them a talk on "Acids and Alkalies." The lectures had closed and they were busy with examinations, but Prof. Cummings gave us his clinical lecture hour to practically illustrate the value of our chemical division of children cases. After giving an outline of why there is a preponderance of acid or alkaline juices in the digestive canal, we had a run on tongues—from the red, denuded, strawberry, acid tongue of gastritis to the broad, pale, flabby, alkaline one of catarrh; then we had a panoramic view of epidermis, from the alkaline exudation of eczema to the acid acne rosacea of inanition. We had a view of the croups in these different classes of children, when the venerable form of President Spalding with a bundle of examination papers on Physiology, and the settled cloud of anxiety on the faces of our audience of expectant physicians, was the signal for a change of programme. Prof. Spalding has some views on the lymphatic system (which we had dubbed the bayou or back-water system), that our readers will be pleased to read. We were much pleased with the appearance of this graduating class. For intelligence, interest and enthusiasm, they compare favorably with any we have seen. We congratulated them on having a live professor of Pædology in friend Edmunds. In the St. Louis Children's Hospital we found some interesting cases. Good Samaritan Hospital is under the care of our school. Friend Comstock holds there an interesting gynæcological clinic, weekly. Under the efficient management of Dean Walker the college is taking rapid strides to the front. Prof. Valentine reports a large increase of students, and double the number of candidates for graduation of the year before. "We were never in a more prosperous condition," was his enthusiastic report. Surgeon Parsons, who recently sustained an incomplete fracture of the tibia, was out on crutches, and off operating for some medical friend. Prof. Richardson threatens to be drawn out of medicine by the irregular working of his heart and his connection with the A. O. U. W., of which he is re-

♦

corder, and chief medical examiner. He has resigned from the college, and is trying to recruit his energies. Prof. Kershaw we found in elegant quarters in the Windsor Hotel, busy preparing copy for the remaining parts of his work on Diseases of the Brain and Nervous System, which we shall push through the press as fast as possible. We found Prof. K.'s office filled with apparatuses of all kinds for treating cases in his specialty. One Miss with severe lateral curvature was being put through gymnastics to develop the contracted muscles. This case, said he, was the result of spinal irritation, a subject just beginning to receive the attention it merits.

The two pharmacies, Luyties' and Munson's, we found running under full head of steam. They represented business as "booming."

St. Louis has an able corps of Homœopathic physicians, and we only regret that we could not visit them all. Our stay was brief, but we departed well pleased with the *esprit du corps* manifest. More anon.

**THERAPEUTIC EFFECTS OF LIGHTNING UPON CANCER.—**As I am not aware that the records of the healing art furnish any case of cancer having yielded to the influence of lightning, I venture to draw the attention of the numerous readers of the "Lancet" to the following remarkable case, which may awaken due interest in the curative value of electricity in diseases of a malignant type. Many years ago I heard the late Dr. Golding Bird express an opinion to the effect that electrical sparks draw from a cancerous structure until an eruption is produced was the only reliable means of cure which he could endorse. In confirmation of the theory of the celebrated electrician, I beg to submit an extraordinary instance of the therapeutic freaks of atmospheric electricity in the cure of cancer. The case loses none of its interest on the plea of antiquity.

About thirty years ago I attended Reuben S——, a farm laborer, residing at Langtoft, on the Yorkshire Wolds, who suffered from cancer of the inferior lip and

part of the chin for about a year, and who had agreed to an operation for their removal. In the meantime he undertook to assist a poor farmer for a day in ploughing his land. During this occupation he was struck down by lightning, and carried home in a state of insensibility. Both of his horses were killed, and the wooden beam of the plough was split and reduced to considerable fragments. Soon after the occurrence I visited, and found the ploughman in a state of great prostration, and emitting a strong odor of ozone, indicating electrical condensation of the adherent oxygen. As soon as reaction took place I bled him from the arm, which act constituted the whole of the treatment. What seems to be the most astonishing feature in the case is the healing process which set up in the lip and chin soon after the accident. The cancer gradually lessened, and in a few weeks every trace of the diseased structure disappeared, and for ten years he enjoyed complete freedom from his former suffering and signs of the disease. In proof of the specific and hereditary character of the disorder, I may state that the patient's granddaughter, Mrs. —, of Driffeld, lately became the subject of a cancerous tumor over the larynx, which growth, assisted by Dr. Eames, I removed successfully a few weeks ago, and under the persistent use of arsenical treatment the cure seems to be satisfactory. In S——'s case the electrical fluid seemed to form and pass through two small holes in the head-band of his trousers, and to make its exit by corresponding apertures. After this remarkable exemption from all cancerous developments for so long a period, the disease reappeared, and, after a year of intense suffering, proved fatal; still leaving the inference unaffected, that the imponderable element secured for the patient an extension of life, and ten years' relief from the distressing consequences of carcinoma, which circumstance establishes my faith in the therapeutic power of electricity in scirrhus indurations.

From the foregoing presentation, it is evident that frictional electricity may in good hands become one of the most powerful therapeutic agents in the dispersion of

cancerous formations. When cellular hypertrophy takes place in localities favorable to the development of epithelial disease, frictional electricity might be employed for the purpose of destroying the morbid cells, whether in their incipient or advanced stages of progression. The authorities of the London Cancer Hospital will be unfaithful to their honorable trust should they decline to test to the fullest extent the curative effects of frictional electricity in some of the most hopeless variety of diseases to which humanity is exposed.

I shall not venture upon any theory of the specific action of electricity on morbid depositions, but consign the whole question to the abler readers of your incomparable journal.—[*A. Allison, M. D., in London (Eng.) Lancet.*]

**A SEVERE CASE OF LUNG TROUBLE TREATED SUCCESSFULLY.** *By C. H. Viehe, M. D., of Freelandville, Ind.*—On January 11, 1879, I was called to see C. C., a man about 44 years old. He had been in bed for about ten weeks, as I was told. Had at first had pneumonia (crouposa), for which he was treated by two Allopaths, and though he did not succumb, had not recovered.

At the time I was called his former physicians had given up all hopes of effecting a cure; told him that he could not live longer than about two weeks; and that no doctor in the world could cure him, for he had consumption.

When I arrived I found his description as follows: Dark hair, dark complexion; emaciated; pulse 120 per minute, and small and weak. An almost incessant cough, which was hollow-sounding, spasmodic. Expectoration profuse and purulent; he told me he threw up about a half of a bucketful of matter every 24 hours. He had great pain in left side—in region of lower lobe of left lung—and there existed a sensation of burning in upper region in front of same side. No appetite; great thirst; scarcely a quarter of an hour's sleep during night, and none during day. Told me that he grew worse all the time.

He was indeed so bad that three or four men were employed in watching every night, as nothing but death was expected.

After a thorough examination I was convinced that the case was consumption, depending on the former acute inflammation in pneumonia. As the lower region of the lung was dull on percussion, and stopped up, and the upper region was the seat of the ulceration, I diagnosed it therefore *catarrhal* consumption.

I had therefore some hopes of curing, even though death was predicted by the former physicians, and seemed imminent.

I gave Ars., 3<sup>x</sup> and Bell., 3<sup>x</sup> for five days, at which time I promised to call again (it being about ten miles distant from my office). Before my departure the former physician called in to see how his friend progressed, and after I had left, made a joke at the little medicine I had left, tasted the same and said it tasted like Nit. Acid, and it would not help him, for neither I nor any other man could cure him.

At my second visit, January 15, found the man much better. Pulse down to 110 per minute; dullness not so bad; cough and expectoration lessened; expectoration not so purulent as before. Gave now Sulphur, 3<sup>x</sup> and Calcareo Hypophos., 1<sup>x</sup>.

Third Visit, Jan. 22.—Found him decidedly better. Does not cough much; expectoration nearly ceased; pulse down to 100 per minute. Gave Lachesis 15th and Lycopodium 5<sup>x</sup>. After the lapse of one week from my first visit Dr. F., his former physician, had called to see how he was, and after examination had pronounced him much better, with the remark that it seemed that “little medicine” helped him.

Fourth Visit, Jan. 30.—He is much better. Pulse about 85 per minute. Respiration, which had been very rapid, was now only 26 per minute. Very little cough and expectoration. Some dryness in throat at night. Gave Lachesis 15th and Bell. 3, Hypophos. of Calcareo 2<sup>x</sup> for two weeks.



On the 14th of February received word as follows: Better in every way. No cough at all; is up all the day; appetite good; but feels a little soreness in lower region of left side. Gave *Lycopodium* 3<sup>x</sup> for two weeks.

Feb. 24.—About same. Sent him *Phos.*, 5<sup>x</sup> and *Kali Hydrodicum* 2<sup>x</sup>.

Fifth Visit, March 10.—He has pain in region of back and kidneys; some cough; pain in left side, but no fever. Pulse 75 per minute. Gave *Hypophos. of Calcareo* 2<sup>x</sup> and *Bell.* 3<sup>x</sup>. From this time up he felt entirely well, with the exception of a little cough, about the 8th of May, which was checked by *Bell.* 3<sup>x</sup>.

Up to this date, January 28, 1880, has had no relapse of the trouble.

In conclusion I wish to call attention to the following points:

1. Success of Homœopathic treatment will always do more towards converting people to a belief in our school than volumes of written advocacy. This cure, too, brought many others under my care.

2. The decided change from the first application of the Homœopathic remedies.

3. The gradual but steady reduction of the pulse down to the normal standard.

4. Steady lessening of the expectoration and cough.

5. Homœopathy may succeed, and we may in many cases have hopes to cure, where patients are given up by Allopaths.

**HYDROBROMIC ETHER.**—We would most highly recommend this new anæsthetic to the surgical profession, and indeed to all who operate. We introduced the *Hydrobromic Ether* in this country in the summer of 1877<sup>1</sup> and have employed it in over one hundred cases which were reported at the International Congress at Amsterdam, in 1879. We also brought it before the Section of Otology

<sup>1</sup> See *The Advantages and Accidents of Artificial Anæsthetics*, first edition; also second edition, pp. 67, 80, 294, with a full account of its properties, and the best method of preparing it, etc.

at the meeting of the British Medical Association, at Cork. In June, 1879, we administered it in the public clinic before a class of two hundred students, at Jefferson College Hospital, and Dr. Samuel W. Gross removed a cyst in front of the hyoid bone in a young girl, Dr. Levis having charge of the pulse which he found but little affected. It has been employed now in all classes of operations, and its advantages are as follows:

First. It is perfectly safe as an anæsthetic, and free from many of the objections to Chloroform or Ether.

Second. It is almost as rapid in its anæsthetic effects as Chloroform, and is more rapidly eliminated by the lungs.

Third. It is more agreeable in its odor than ordinary Ether, is not inflammable, and therefore can be employed at night in using the actual cautery, or in a private office or a lady's chamber without being offensive or dangerous.

Fourth. The cost is now about thirty-five cents per ounce, yet it requires only two drachms to produce its anæsthetic influence, and two more to keep it up.

Fifth. Vomiting is very rare, unless the stomach has been recently filled with solid food.

Sixth. The pulse is increased in force and volume, respiration not much over the normal, and the pupil at times slightly dilated, with free action on the skin.—DR. TURNBULL in *Feb. No. of St. Louis Medical and Surgical Journal*.

---

## Books and Pamphlets Received.

---

HEADACHES AND THEIR CONCOMITANT SYMPTOMS. By John C. King, M. D. W. A. Chatterton & Co., Publishers, Chicago.

A useful and apparently very reliable little book upon an important subject. It will repay a careful perusal.

J. MARTINE KERSHAW.

STAMMERING AND ITS TREATMENT. By E. B. Shuldharn, M. D. Homœopathic Publishing Company, London.

This is an interesting little work of seventy-two pages. Canon Kingsley's experience in the treatment of his own case receives con-

siderable attention. The following are the general rules adopted by Kingsley: 1. Open your mouth. 2. Take full breaths, and plenty of them; and mind your stops. 3. Keep your tongue quiet. 4. Keep your upper lip down. 5. Use your lower lip. 6. Read to yourself out loud. 7. Read and speak slow, slow, slow. The author believes that the art of breathing is the great secret in the successful treatment of stammering. The fact is noted that the majority of subjects are men. This the author deems a somewhat curious fact. No one having an intimate acquaintance with the female portion of an American community would be surprised at a matter of this kind. The profession is indebted to Dr. Shuldhham for having written so useful a book.

J. MARTINE KERSHAW.

"CURABILITY OF CATARACT WITH MEDICINES," is the title of a recent little book by Jas. Compton Burnett, M. D., F. R. G. S., the brilliant editor of the "Homœopathic World."

The positions taken by the author and his line of argument may be epitomized as follows:

"Diseases of the skin are admittedly curable with medicines. The lens is a dermoido-epithelial structure; cataract is a disease of the lens. Therefore cataract is curable with medicines. He goes back fifty and a hundred years to show that there were 'cases of cataract' cured with remedies, etc., by Allopaths. Therefore Allopaths have proved the curability of cataract without operation."

He follows this up with cases from practice, cullings from Homœopathic literature, and some personal experience and successes, and ends by giving a general *resume* of how to do it and why it is possible. Our author discusses this very important subject with that degree of rare assurance which is usually associated with firm belief, but which, it must be confessed, is sometimes only the result of an inward consciousness that a shaky cause needs a bold front. After boldly stating his position he almost disarms criticism by the frank admission (p. 6.) that he has "no very special knowledge of the eye or its diseases."

It would be difficult indeed to frame a more defective line of argument than that embraced in the first plank of his platform; for, admitting that the lens resembles the skin in reference to its embryological development, to affirm, for this reason, that cataract can be cured with remedies because skin-diseases may be, is certainly as un-Homœopathic as it is unscientific. A system of therapeutics based upon this theory would be as ridiculous as possible, followed to its logical conclusions.

A few of the cases given as cured are backed by such testimony that we can scarcely question the diagnosis, but many of them are open to much criticism upon this point. A few of such may be given:

(P. 90.) "Dr. Becker treated carpenter \* \* \* \* tetter on face, which disappeared \* \* \* sight became affected \* \* pupils presented misty, smoky appearance, as in forming stage of cataract." Sulph. and silicea speedily cured.

(P. 98.) "Tinsmith, aged 20, who had worst kind of itch—then tearing pains in left eye, itching skin, etc.—became suddenly and completely blind in left eye. Symptoms—a staring look of left eye; pupil dilated and immovable; in the centre of lens was a slight opacity; his sight was almost extinguished." Six doses of sulph. 6

knocked his cataract (?) all to pieces, and in a month the affected eye was as useful as it ever had been.

Again is quoted (p. 76): "A cataract, rather advanced, was cured in six weeks, and that radically, by sulph. <sup>30</sup>, and a fortnight afterward by causticum, in an old lady of sixty-one years of age." Which statement is as vague as it is dubious.

One more case from Dr. Goullon may be given (p. 46): "*Cataracta dura incipiens*. A lady, aged 67, was suddenly attacked, after taking cold, with a pressing pain around the eyes, which was worse in the open air; before the eyes she constantly saw dark figures, like spider-web or lace, of the size of the hand. She had been subject to sick headaches all her life. Sepia <sup>8</sup>, one dose night and morning, for fourteen days. In four weeks the large dark figures were reduced to mere specks and her general health greatly improved." Where is the cataract here, and what is the value of such a case?

The truth is that the diagnosis of cataract, in its incipiency, is never listed among the positive things except by the incompetent and hence unreliable observer. A slight central corneal opacity, or obscuration, a discolored aqueous, the peculiar appearance which the pupillary space may assume in certain forms of iritic, vitreous or choroidal disturbance, might easily deceive any but a skilled observer. Again, in certain neurotic complications the lens might temporarily be a little less transparent than normal, etc., etc. And no doubt some of the observations afforded were of similar nature. The critic is cognizant of many just such mistakes in the profession at large, and all specialists are fully aware of this fact.

Much importance is given to the opinion of Dr. Manlan, who claims that the primary cause of cataract is *Psora*. We are glad to be introduced to Dr. Manlan, even in this way; it is a pity though that he does not figure among the recognized authorities on such subjects. *Psora* is a convenient little word; it covers a multitude of ills. In Dr. Manlan's views our author finds great consolation, and, after quoting him in full, says (p. 25), in classic German, "*Ist mir alles wie aus der Seele gesprochen.*" And yet (p. 41) he rather forgets his enthusiastic adherence to the psora theory, for he remarks, "There are no two cases of Cataract exactly alike—Thus I have noticed in my own experience one case due to repeated attacks of inflammation," (inflammation of what?) "another arose from arsenical poison, another from a liver affection(?) etc., etc."

The red rag which so distresses our author comes to light on page 107 where he says, "But where are our physician-oculists? Nowhere!" Living in England it is perfectly natural that such a thought should occur to him; and having a point to make, it is not strange that he should hasten to answer it thus, "Nowhere." He seems to forget or quietly ignore the fact, that here in America are to be found in our own school many physician-oculists; and seems unaware of the existence of an "AMERICAN OPHTHALMOLOGICAL AND OTOLOGICAL ASSOCIATION," with a membership of forty, ALL specialists in the eye and ear; a band of well educated, enthusiastic, thoroughly competent, Homœopathic physician-oculists. Is it for a moment to be supposed that these men would neglect to fully and faithfully try the virtues of Homœopathic remedies in cataract? All of them have done so, and from among them the critic

has been unable to obtain a single authentic case of cure, for that condition which a specialist would diagnose as cataract. We had occasion not long ago to address ten of the leading Homœopathic oculists, upon this topic,—eight of whom were teaching Ophthalmology in our medical colleges, asking if they had in their own individual experience ever seen or known of any case of cataract cured by Homœopathic or any other medication. The answer was a unanimous No. All of them, however, are cognizant of certain cases where a haziness of the lens caused by infiltration or obscuration between the interfibrillar substance has been removed, but not true changes in the lens fibre itself. Every slight obscuration of the lens is no more a cataract than every cold is a pneumonia.

The author certainly makes the most of his subject, and has succeeded in presenting a very readable little book, quite worthy of attention. He strikes hard blows, and is very positive in matters which are as yet far from settled. Still he evidently feels the position in which he is placed, for there are evidences of dodging all through the book, and even finally he winds up very prettily by saying—

“ Censeurs savants, je vous estime tous;  
Je counais mes defauts mieux que vous.

J. A. CAMPBELL, St. Louis, Mo.

---

## **Editor's Drawer.**

---

DR. J. MARTINE KERSHAW has moved to 2221 Olive Street, Saint Louis, Mo.

DR. EDWARD DEWEES has been appointed Dispensary Physician, and Dr. Henry J. Dionysius out-door Physician.

WE have received the addresses of Professors Franklin and Jones, of the University of Michigan, delivered at the inaugural ceremonies of the Homœopathic Hospital, on the University campus.

THE HUMAN SKELETON consists of more than two hundred distinct bones. So, when a man says that every bone in his body aches, you may know that he is a landed proprietor of more than two hundred achers.

DR. N. G. BURNAM, of Denver, late of Saint Louis, and formerly of Indiana, is carrying on a spirited controversy in the Denver “Republican” on “The Pathies.” He writes well and stands as firm for our cause as the mountains that rise in grandeur around him.

DR. W. R. OWEN, of Pueblo, Colorado, has moved into his new office, and his hosts of friends gave him a surprise party on March 11th, a brilliant account of which appeared in the “Colorado Chief-tain” of the 14th of March. Dr. O. is one of our Saint Louis graduates, and they all do well.

Dr. WM. COLLISSON holds a Gynæcological Clinic at the College Dispensary, Tuesdays and Fridays, from 1 to 2 p. m. Dr. S. B. Legg has been appointed Assistant to this Clinic.

FORT SCOTT, KAS., March 16, 1880.

P. G. VALENTINE, M. D., Saint Louis, Mo.—*Dear Doctor* :—I hope you will attend our annual meeting at Lawrence, the second week in May. I shall, as President of the Society, do all I can to have a full attendance, and have the promise of reduced rates on all Railroads.

Fraternally Yours, V. W. SUNDERLIN.

"THE CLINIQUE."—This is a new Homœopathic medical monthly, from the great city by the "unsalted seas." Prof. T. S. Hoyne is the talented editor. We welcome the "Clinique" with pleasure upon our exchange table. Its special object is to establish an organ for the Hahnemannian College, and to publish the clinics held at the Homœopathic Hospital. We know Hoyne and we like him. He descended from a noble grandsire, Prof. Temple, of Saint Louis, and may he never dishonor his ancestry!

WESTERN ACADEMY OF HOMŒOPATHY will meet June 1st, 2d and 3d, at Minneapolis, and we are informed that our friends in the Northwest are preparing to give us a rousing welcome. They are a live people up that way, and believe that large gatherings of medical men have an immense power towards popularizing and extending any great enterprise. It will be a delightful trip by river or rail, in the early summer time, and with reduced traveling rates and hotel prices, there ought to be a throng in attendance. Saint Louis will be represented by some of her best men. Rates at Nicolet House, \$2 per day.

DR. SAMUEL POTTER, of Milwaukee, Wis., has provided himself with the most approved instruments and apparatus to make microscopic examinations of tissues, urinary deposits, secretions, etc., and solicits the patronage of the profession. We also give him space to show that his jealous enemies, when they struck at his character, threw a boomerang which they will not be pleased to see return upon themselves with redoubled destructive momentum. He is one of our Alumni, and will never disgrace his Alma Mater. Homœopathy cannot suffer from any or all the light that science may pour into its darkness.

DR. VALENTINE: As chairman of the Bureau Pædology, Western Academy of Homœopathy, I have pleasure in reporting to you the following promises of papers for next annual meeting:

"Diseased Breast milk;" by J. R. Haynes, M. D., Indianapolis, Ind.

"The Insanity of Children;" by J. Martine Kershaw, M. D., St. Louis, Mo.

"Diphtheria;" by A. S. Everett, M. D., Denver, Col.

"Gastric Catarrh;" by T. C. Duncan, M. D., Chicago, Ill,

"Diphtheria;" by J. T. Boyd, M. D., St. Louis, Mo.

"Enuresis;" by W. A. Edmonds, M. D., St. Louis, Mo.

Respectfully, W. A. EDMONDS, M. D.

*Chairman Bureau Pædology.*

**REMOVED.**—Dr. O. B. Moss, from Kansas City, Mo., to Cleveland, Ohio, 385 Euclid Avenue.

**AMERICAN INSTITUTE OF HOMŒOPATHY** will meet in Milwaukee, Wis., on the 15th of June.

DR. C. C. OLMSTEAD,  
*Chairman Committee of Arrangements.*

**THE Fifth Annual Meeting of the Missouri Institute of Homœopathy** will be held in Hannibal on Wednesday and Thursday, June 9 and 10. A large and interesting meeting is expected.

WM. D. FOSTER, *Secretary.*

**"THE BUFFALO INVESTIGATOR."**—This is another medical monthly—quasi or pseudo-Homœopathic. This has followed hotly at the heels of a new medical college, born to teach liberal medicine (?). All the other colleges have gone after strange gods. The Buffalo atmosphere is peculiar. They are quarrelling yet over the name of the bantling. Why don't they call it "Collegio-Liberalio-cum-Homœopathico-cum-Eclectio-cum-Iconoclastico-cum-Buffalo?"

**"S. L." AND THE BUREAU.**—The pictures illustrating the condition of our Indian Bureau, under the administration of Mr. Schurz, not long ago in "Harper's Weekly," would hardly apply to the Bureau of Materia Medica, under the chairmanship of our friend Dake.

The drawers are all in place in his bureau, the veneering not broken, and even the castors uninjured.

When the valiant editor of the old "North American," our versatile friend, "S. L.," opened out on the bureau, it looked as though that ancient piece of furniture, repaired and refilled with some new drawers, differing from the traditional ones we used to look upon with so much reverence in our youth, would surely go to fragments.

But, though the bureau was shaken and the drawers made to rattle somewhat, it was not seriously damaged. It was quickly put in usual trim and polished up by its chairman, as shown in the "Hahnemannian Monthly." The moral is, that editors, as well as private writers, had better not anticipate the good offices of a bureau, at least not endeavor to knock it to pieces before it has had the opportunity to show its best results. Judging from the works of last year we predict able and honest reports from the Bureau of Materia Medica, Pharmacy and Provings, at Milwaukee. We do not see how better methods of investigation and surer aims at the truth can be derived than we see displayed by it, at the present time.



# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME III.

ST. LOUIS, MAY 15, 1880.

NUMBER 3.

---

## *RECENT ALLOPATHIC EXPERIENCE VINDICATING THE TRUTH OF THE HOMŒOPATHIC MATERIA MEDICA.*

---

EUGENE F. STORKE, M. D., MILWAUKEE, WIS.

---

The experience recorded by some of the recent writers on the materia medica and therapeutics of the old school of medicine, tends very strongly to vindicate the truth of our fundamental principle—*similia similibus curantur*.

This fact is very gratifying. It shows us that among the principles underlying our practice, we have at least one that is corroborated unwittingly by our opponents, and that is founded on truth.

This condition of affairs admonishes us that, while many physicians in our own ranks are engaged in creating a clinical experience of an imperfect character, with the infinitely extended potentization process, the regulars are absorbing our armamentarium. While we are bickering and disputing over the high and low dilution theories, we are being professionally swallowed, *secundem artem*, by the physiological school, as the well-favored kine were by their lean contemporaries in Egypt in the time of Pharaoh.

Mere individual experience may, often, in clinical medicine, lead one to form wrong conclusions. The united experience of the members of any particular system of medicine, may lead us to a more correct conclusion, and the united experience of two opposing systems of medicine,



will enable us to form a very correct conclusion. This result will be more completely satisfactory if the conclusions have been reached by wholly dissimilar methods of investigation, such as we find to be the case with the dominant school and our own.

Guided by our symptomatology, in the light of the law of similars, we prescribe our remedies. Our experience justifies us in the belief that our medicine has been of benefit to the patient. Our opponents are guided by chance and experimentation. Their experience justifies them in making the several assertions which I have selected as the basis for my paper.

Our experience convinces us that our fundamental principle does not exist only in name, while on the other hand they conclude that it is a delusion and a snare and exists only in a name. In our opinion their experience corroborates our own, giving us overwhelming proof of the universal law of similars. They are accepting the application of homœopathic remedies, and using them in accordance with our law, even using them in fractional doses, and they are getting good results; at the same time they disclaim any belief whatever in similia, and speak of us in the *endeavouring* terms of quacks, frauds, mountebanks, etc.

Dr. Robert Bartholow, formerly of Cincinnati, Ohio, Professor of Theory and Practice and Clinical Medicine in the Ohio Medical College, more recently Professor of Materia Medica in Jefferson Medical College, and author of a work on materia medica and therapeutics, ignores the truth of the homœopathic law, and doubts the honesty of those recognizing such truth.

In speaking of the therapy of Aconitum, he says: "It is not applicable in accordance with the so-called law of similars. It is used by these quacks (homœopaths) because it is a powerful agent which will produce manifest effects in small doses, that may easily be disguised." After this he immediately goes on to say: "Aconitum given in small doses is a very valuable medicine, in the class of cases to which it is adapted." In all the various morbid conditions mentioned by him as instances where Aconite will prove curative, we find he is led by experience alone, his own and that of his contemporaries. His pages are replete

with excellently-reflected homœopathic indications for the polychrests, somewhat crude, perhaps, and lacking a fine homœopathic discrimination, between the similar pathological conditions, but nevertheless good, average homœopathy. A reading of his article on Aconitum will remind one very strongly of Hempel's dissertation on that medicine. The impression that the reader gets is, that without Aconitum the practice of medicine would be like the play of Hamlet with the character of Hamlet left out.

Professor Ringer also is very enthusiastic in his laudations of many of our own polychrests, particularly so in his article on the curative powers of Aconite, but he is more conservative, and if he notices anything in the action of that medicine that reminds him of *similia similibus curantur*, he neither affirms nor denies the existence of any such law.

These two authorities unite in saying, virtually, that "Aconitum lessens the pulse rate, lowers the arterial tension, and diminishes abnormal heat, consequently it antagonizes that condition of the organism known as fever;" then by a series of physiological and pathological reasoning, they reach the logical conclusion that Aconite is curative in tonsillitis, acute pharyngitis, ulceration of the tonsils, acute catarrh, acute otitis, acute catarrhal bronchitis, pneumonia, catarrhal pneumonia, acute pleuritis, acute congestions, peritonitis and in nearly all acute inflammations. It is equally efficacious, we learn from them, in the treatment of eruptive fevers, erysipelas, cerebral congestions, neuralgia, and finally in congestions induced by a suppression of the catamenial flow.

"The only objection to its employment," says Dr. B., "is, that the monopoly by homœopathic practitioners, of its use, has aroused a prejudice against it." Now, were this monopoly done away with, its use would, unquestionably, become very general. We notice, however, in the face of this giant monopoly, that the recommendations by allopathic authorities, for its use, are in thorough accordance with the teachings of our materia medica. Instead of recommending it for fevers or in inflammatory conditions, he searches out the characteristic conditions and symptoms which guide them in its application.

We are told by these authorities that in ordinary sore throat and in certain acute inflammations of the air passages, Belladonna is a remedy of great efficacy. "There can be," they say, "much relief given by this remedy in whooping cough and asthma." "Belladonna has no prophylactic power against scarlatina, but it is a very useful remedy to relieve some of the symptoms in that disease." "It is also," they say, "of much use in diphtheria, erysipelas, typhoid fever, sick headache, mental difficulties, neuralgias, enuresis, spermatorrhœa." and in many other kindred affections. These are all, we see, in thorough accordance with our manner of prescribing it; marked instances of the homœopathicity of the drug.

Arsenic we find recommended in irritative dyspepsia, where it is specifically indicated by such symptoms as our provings of the drug have made us so thoroughly conversant with, "a red pointed tongue, poor appetite, distress after meals, the presence of food causes intestinal pain, colic and desire to go to stool." The form of diarrhœa curable by arsenic is, "an intolerance of food, an evacuation of the undigested aliment taking place soon after it is swallowed." We see that Bartholow advises its use in the vomiting of pregnancy, chronic gastric catarrh, chronic ulcer of the stomach, and gastralgia as well as in enteralgia.

Arsenic is recommended by our opponents in epidemic cholera, after which one of the authors (Dr. B.) naively states that, "it is a curious circumstance that some cases of acute arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera." "Cases of acute coryza and hay asthma are often much relieved by this remedy," they say, and then they advise its use in "phthisis, particularly in the acute forms." Chlorosis and anæmia will be benefited by it, as they say it "promotes the constructive metamorphosis." "In œdema of the feet, angina pectoris, melancholy, hypochondria, neuralgia, hemicrania, and other neuralgias of a malarial origin, chronic eczema and eczema squamosum, acne and pemphigus, furuncles, diabetes and lastly in scirrhous and in cancerous troubles we may reasonably," they virtually say, "expect much benefit from the use of Arsenicum."

The same authorities tell us that the evidence is conclusive that *Gelsemium* assists labor in the first stage, suspends after-pains, relieves ovarian neuralgia and dysmenorrhœa. In pneumonia and pleuritis, in remittent fever, in typhomalarial and in intermittent fevers it has a kindly action.

Bartholow says that "attention has recently been recalled to the curious fact, that *Ipecac*, in small doses has the power to arrest certain kinds of vomiting, more especially," he says, "in nervous vomiting, vomiting of pregnancy, vomiting of drunkards, and vomiting of migraine." Experience has shown him that it is useful in hæmoptysis, menorrhagia, post-partum hæmorrhage, and in acute catarrhal conditions of the nasal and bronchial mucous membrane, hay asthma, and in capillary bronchitis, and in ordinary colds.

In *Nux vomica* they find a very efficient remedy in some forms of constipation, atonic dyspepsia and diarrhœa, gastralgia, chronic gastric catarrh, and in the gastric troubles of drunkards. "The symptoms which follow the sudden withdrawal of stimulants, as poor appetite, feeble digestion and the nervousness and trembling may be," they say, "removed by frequent small doses of *Nux vomica*." Some forms of epidemic dysentery, amenorrhœa, neuralgia, dysmenorrhœa, impotence, nocturnal emissions and enuresis are relieved with *Nux vomica*, in their opinion. In nervous difficulties, and in paralysis they find the utmost benefit from *Nux*. "Chorea, tetanus, epilepsy, neuralgias, spasmodic asthma, difficulties arising from lead poisoning, tobacco, alcohol, and coffee may be relieved by this medicine," we are informed by them.

"*Pulsatilla* is adapted to the treatment of acute catarrhal inflammation of the nasal, faucial, laryngeal and bronchial mucous membrane." "Sudden arrest of the menstrual flow, whether caused by moral emotion or cold, may be relieved and the effects prevented by *Pulsatilla*." I quote these direct from Bartholow.

*Cantharis* they find to be of benefit in irritability of the neck of the bladder, and vesical tenesmus, chordee, acute desquamative nephritis, and chronic catarrh of the bladder.

*Mercurius* is recommended by them in tonsillitis, parotitis, and in inflammation of the sublingual and submaxillary

glands. In gastric catarrhs in children, cholera infantum, catarrhal states of the intestinal mucous membrane, and of the hepatic duct, manifested by nausea, anorexia, tympanitis, whitish or clay-colored spots, and jaundice, in ilio-colitis in infants, typhoid fever, and many other conditions, in accordance with our *homœopathic quackery*.

Camphor for the preliminary symptoms of Asiatic cholera is largely used by them, and as they say "with obvious results." In the incipency of acute catarrh, stranguary, and for allaying sexual excitement, they have a very satisfactory clinical experience. In priapism, chordee, satyriasis, and in nymphomania they depend more or less upon camphor. At the same time they find it to be of marked benefit in nocturnal seminal emissions with weakness and relaxation of the genitalia.

The use of Hamamelis in passive hæmorrhages has been found to deserve honorable mention at the hands of Drs. Ringer, Preston and Hall.

Actea racemosa is said by Dr. Ringer to benefit pleurodynia dependent on uterine derangements. He says that it will prevent miscarriages in an irritable uterus, and in prolapsus uteri, and that it will be serviceable in the headaches of nervous hysterical women, especially at the menstrual period, or when the flow is too severe, or at the change of life. In chronic rheumatism, and more especially in lumbago, they are pleased with its results. In rheumatoid affections of the joints they find Actea of benefit. "Its action on the uterus is," they say, "to stimulate the contractions, strengthening, but not prolonging them." It is also used by them to prevent after-pains.

Cuprum they find of benefit in gastro-intestinal catarrh, vomiting, cholera, cholera infantum, epilepsy, chorea and hysteria, and it is, they say, "palliative in the diarrhœa of phthisis."

Chamomilla they find to be useful in complaints of dentition, characterized by "green watery, many-colored and slimy stools." In adults, in diarrhœa of "white, putty-like stools, coated tongue, intense headache with a sensation of pressure in the cranium." "The remedy is also efficient," they say, "in other kinds of summer diarrhœa. It also subdues restlessness and peevishness."

Colocynthis relieves colic of a nervous character or of a spasmodic sort, for them. It also relieves the colicky pains and severe tenesmus in some forms of dysentery.

These instances and recommendations might be multiplied, but I have given enough to call attention to the aggressive force which is rapidly at work.

Now we can easily see the tendency of the times. The principles for which our predecessors struggled so many years to establish; the principles which we implicitly accept and hold inviolate, and the principles which have made our system able to modify the practice of a thoroughly established, dominant, intolerant and antagonistic school of medicine; have caused them to lessen the size of the dose, till, in many instances, the fraction of a drop or a grain is given; have caused them to adopt the triturations of crude substances with *saccharum lactis*; have caused them—largely at least—to discard medical compounds, and use but one or two medicines at a time; have caused them to use our remedies in an experimental way; have caused them to note more closely the effect of our medicines on the *well* as on the *sick*, and, finally having become convinced of their efficacy in healing the sick, they have adopted them in *their* materia medica. They have done all this by our direct example, they have done this in the name of science, and still they call us *quacks*.—[*Med. Counselor*, March, 1880.]

---

KANSAS STATE HOMŒOPATHIC MEDICAL SOCIETY met on the 5th inst. at Lawrence. About twenty-five members were present, representing the brains of our school in that wonderfully prosperous State, where all the Homœopathic doctors are busy, with room for 100 more. The Secretary, J. H. Moseley, will send a condensed report to the *REVIEW* for publication. We were there, representing our college, and wrote a letter which is crowded out for want of space. Delegates were appointed to the Missouri Institute, Hannibal, June 2d and 3d, Drs. J. Davis, Ottawa; R. Huson, Lawrence, and W. D. Gentry, Wyandotte. To the Western Academy, Minneapolis, June 9, 10 and 11, S. H. Anderson, Lawrence; T. J. Patchen, Leavenworth; G. S. Barrows, Seneca. To the American Institute, June 15, Milwaukee, G. H. T. Johnson, Atchison; V. W. Sunderlin, Ft. Scott, and W. D. Gentry, Wyandotte. To N. Y. State Homœopathic Society, H. W. Roby, Topeka; V. W. Sunderlin, Ft. Scott, and James Heacock, Parsons.

*CLINICAL SURGERY.**Cauliflower of the Vulva.*

BY S. B. PARSONS, M. D.

The subject of the accompanying cut presented herself in December last for treatment, with the following history.

M. E., æt. 19, German, brunette, well built. One year ago first noticed small wart-like projections on the left labia at the junction of the skin with the mucous membrane, which soon began to ulcerate and then follow "*flesh*," as she termed it. There was but slight pain, which changed to a burning sensation on rubbing the parts, and occasionally a sharp darting, not severe, would occur. Previous to this time she had suffered from leucorrhœa, to which she attributed the development of her present troubles. A close examination failed to bring out any indication of hereditary or acquired syphilitic taint, although she admitted having had intercourse, but no ulcers or sores on the genitalia were ever noticed until the beginning of her present difficulties, and long after the last coitus. Nor could I discover any trace of transmitted cancerous disposition. Her previous health was unmarked by ill health in any shape with the exception of menstrual irregularities and pains. But she now began to lose in weight and strength until work of all kinds was totally abandoned through the effects of the disease under which she labored.

The growth enlarged rapidly, involving more and more surface, and projecting downwards and forwards, and extending to the opposite side above and below, seriously impeding locomotion. It gave issue to a thin, ichorous, foul-smelling discharge, which excoriated the surrounding parts,

and appeared to prepare the way for a further extension of the disease. The pains grew worse proportionally with the increase of the tumor, with noticable nightly aggravations, that prevented the enjoyment of sleep, and rendering her life a most miserable existence.

The physician to whom she applied for treatment gave her only palliative relief by the administration of *mercury* and opiates, chiefly the latter, occasionally cutting off portions of the morbid mass "to stop its growing," as he said, which, instead of checking its growth, seemed to stimulate unusual activity in cell-proliferation, and a more rapid development of the whole tumor.

When she came under my care it measured 11 inches in its vertical, and 8 inches in its transverse diameter. Its color was bright red, with small grayish fibrous bands intersecting each other throughout its entire free surface, dividing it into a great number of distinct territories, with here and there ulcerated patches. The slightest touch caused pain as well as a ready flow of blood.

The largest part of the tumor was attached to the left side and extended over to meet that part growing from the right side, and completely hiding from view the vaginal fissure. On separating the mass it was seen to involve the clitoris and meatus urinarius in front, and posterior fourchette and perineum to the anal verge behind. Feeling that nothing less heroic than its total ablation by surgical means held out any promise of permanent relief, I so informed the patient and her friends, and after due preparation, an operation was performed in the following manner before the class:

The patient being anesthetized, the tumor was grasped by vulsellum forceps and drawn well forward, whilst with the scalpel I made an oval incision embracing the entire mass, and carefully dissected it away from the surrounding parts, keeping my incisions well in sound and healthy tissue. The labia majora and minora, the clitoris and anterior portion of the urethra, a part of both lateral vaginal walls, and all the skin covering the perineum were cautiously taken away. The extent of abraded surface precluded the closing of it even by drawing skin and mucous membrane together, and consequently there was no alternative than to



let it heal by granulation. The hemorrhage was quite profuse, but torsion of the larger vessels and cold compresses applied to the smaller ones, soon checked all bleeding. The wound was dressed with tarred lint saturated in *Balsam of Peru*, over which was placed a split T bandage. The dressings were reapplied once daily, care being taken to bring the balsam in contact with all parts of the raw surface to prevent the occurrence of suppurative changes. From beginning to end there was no pus formation, and only a thin serous discharge, perfectly odorless. Granulation went on rapidly and uninterruptedly, and in three weeks the patient was moving about the house, and two weeks afterwards the parts were completely healed over. *Thuja*<sup>200</sup> was given twice daily during the active treatment, but was changed for *nitric acid*<sup>1,000</sup>, which she still continues to take night and morning. Up to this time, April 10th, there has been no sign of returning disease.

---

### *TRANSFUSION IN ANÆMIA.*

---

BY E. A. DE CAILHOL, M. D., ST. LOUIS, MO.

---

In the beginning of June, 1879, I was requested to visit Mrs. S., aged 28, mother of three well-formed and healthy children. I found her a blonde, with blue eyes, lying on a lounge, looking prostrated, emaciated and very pale—in fact, her appearance was that of a wax figure. Her pulse was very weak. She had no appetite, and no strength at all. She could hardly answer any questions, and neither she nor her husband could furnish me any explanation in regard to the probable cause or causes of her present condition. All her confinements had been normal, without any extra loss of blood, but since the last, two years and a half ago, she had been constantly sinking. She told me that she was disgusted with the doctors, tired of taking medicine, and despairing of her condition. She added, further, that she would be glad to die.

I promptly diagnosed a case of extreme anæmia, which diagnosis the microscopical examination of her blood fully

confirmed. I prescribed first a tonic of quinia, iron and strychnia, to see whether by it I should be able to raise her appetite. After the first dose, however, I saw that her stomach would not tolerate any medicine. We unfortunately sometimes meet with such desperate cases in our practice, and they are undoubtedly difficult to cure.

Having, in my last sojourn in France (1874), had occasion to witness many wonderful cures made by the transfusion of blood, after the process of Dr. Moncoq, the great French specialist in transfusion, I concluded this time to try that means of treatment, which was in this case not only perfectly indicated, but had every prospect of success. All organs were sound except the stomach, but on account of that circumstance I decided to improve a little upon Dr. Moncoq's *modus operandi*.

The patient's husband was a strong, stout man of thirty-five years, without any syphilitic or scrofulous taint—in fact, a perfect subject to furnish blood suitable for transfusion. With the consent of all the parties, on the 6th of June, assisted by my intimate friends, Drs. Legrand and Jera, of France, my guests at that time, I transfused only two ounces of non-defibrinated blood, taken from the basilic vein of the husband's right arm, into the patient's right arm, through the median basilic vein. My professional brethren will, I suppose, understand the choice of the arm, knowing that the right, on account of its development by work, has its veins more prominent, and, in an operation of this nature, little details are very important to secure success. As I expected, notwithstanding the small amount of blood transfused, the pulse was instantly raised, the patient felt warmer and more comfortable. I prescribed for the following day, rest and milk, *ad libitum*. But I concluded also, in order to hurry up the case, to resort to my favorite process of rebuilding a patient, a process that I have employed for the last twenty-one years, which is, when the patient's stomach is in a debilitated condition, and unable to retain and digest food, to employ rectal alimentation. As I have already said, I have extensively used that process, particularly in cases of the black vomit, of yellow fever, cancer of the stomach, etc., etc. In such cases I have injected into the rectum a very rich *bouillon*,

made with the best pieces of fresh beef, and pork pancreas, with sometimes an addition, according to circumstances, of a tablespoonful of French cognac (*spiritus vini Gallici*) or cod liver oil. In this case I injected every three hours, warm, two ounces defibrinated beef blood, and two ounces of the aforesaid *bouillon*. I had for this purpose all needed facilities, the family butcher killing his beeves not far from the patient's house.

Some of my readers may inquire why I *transfused non-defibrinated* human blood, and *injected defibrinated* animal blood. My answer is, that in the transfusion process, the assimilation is made at once, and the blood transfused *must not undergo any alteration*. According to Moncoq's numerous experiments, defibrinated blood loses by the removal of its fibrin the best part of its constituents, and is rendered not only less effective, but entirely unfit and even dangerous to the circulation. If the limits of this paper would admit, I would demonstrate that great truth by many remarkable illustrations.

The timid operator is impressed with the idea that the blood will, or may, coagulate during transfusion, and hence would result the stopping of the *hematophorus* (instrument for transfusion) or an embolus. No such a thing ever takes place, if the surgeon is careful and expert, has everything ready at hand, is well assisted, and a suitable hematophorus, properly handled and not overheated, as blood clots quicker by heat than by cold. The surgeon must always bear in mind that he has from three to four minutes before him to transfuse the blood before clotting will take place, and this short time is always amply sufficient to transfuse, even in the *mediate* transfusion process, two ounces of blood and even more. In regard to the injections of the defibrinated animal blood, it is a different thing. Here the blood taken at the slaughter-house would not keep twenty-four hours, hence defibrinization is indispensable; also, it is intended for food and not to go into the circulation.

In writing this article I write solely for the benefit of the profession of the United States, and I would be glad to see it reproduced by other medical journals, my only purpose being to correct some wrong ideas that are prevalent regarding the principal rules governing the operation of trans-

fusion; an operation which is, after all, not in the least dangerous, and very easy to perform when well understood. It has always been a rule with me not to criticize any of the surgeons of this glorious and hospitable land in their attempt to improve anything coming from the other side of the Atlantic. I know they are practical and progressive men, but I cannot help candidly stating that this operation of transfusion has either been misunderstood or not studied enough in the United States. It is, when properly performed, an operation from which an immense amount of good may be derived.

In 1874, when I first landed in St. Louis, I introduced here Dr. Moncoq's process of transfusion, by demonstrating it for the first time on the late lamented General Frank P. Blair, then crushed with hemiplegia. I transfused that patient twice, but, unfortunately, under the worst circumstances possible. In this case, 1st, his real condition (softening of the brain) was concealed from me, for its true nature, as I knew it afterwards, contra-indicated transfusion. 2d. I had to deal with his family physician, who objected to my plan of treatment, which was to first freely bleed the patient, in order to replace the affected blood withdrawn by healthy blood. However, in spite of all these disadvantages, I had the satisfaction of seeing Gen. Blair improve, and live six months. Since that time, I have known of many attempts at transfusion being made in the United States, but I am sorry to say that very few, *not to say none at all*, have been made properly, and that this is the reason why they have proven, in the majority of cases, unsuccessful. The operation has been performed when contra-indicated, or on the wrong place of the body, or with improper or imperfect instruments, or with defibrinated blood, or with woman's or animal's blood, or with milk, or after too much manipulation of the vein, or too quickly—all just so many causes of failure.

My estimable and intimate friend and colleague, Dr. Moncoq, in presenting me his remarkable work on transfusion, authorized me to translate it into English. This work is undoubtedly the most precise, clear and sensible ever written on this subject. All objections that might be raised by the timid operator are removed. All the indica-

tions are perfectly explained, with their rational reasons. Having always followed his rules, I have never met with any failure. At some future time, if my occupation will permit, I intend to translate this work for the benefit of the profession at large; but for the present, it must suffice that the blood to be transfused must be taken from a very healthy and very sound man, between twenty and forty years of age. None other must be used. The blood must not be defibrinated. It must be transfused slowly; not in a large stream or gush, lest the heart be taken by surprise.

It was really astonishing to see how rapidly under my treatment my patient, Mrs. S., improved. Of course, physiologically, in an anæmic human body, two ounces of rich, strong, healthy blood, produces the same effect, if I may be allowed the poor comparison, as seed planted in good soil, with this difference, that in the human body the multiplying process is incomparably more prompt and complete. On the 21st of June I transfused another ounce and a half of blood, which gave again a very encouraging result. Patient told me that it seemed to her that I gave her a new life. I then tried beef tea and milk diet combined. Sometimes, on account of the acidity of the stomach, I added to the milk a little lime water. Sometimes a few grains of Boudault's pepsin were given, to help digestion. The stomach then commenced to gain strength, but I still continued the beef, blood and bouillon injections through the rectum, though only every four or six hours. The nurse and husband were very much puzzled to see the patient's feces so natural, instead of blood-colored. An occasional microscopic examination of my patient's blood gave me the certainty of a constant increase of the red corpuscles, besides her general appearance showed that she was decidedly gaining strength.

On the 8th of July I transfused for the last time, but with some difficulty, owing to her marked improvement. *One ounce only* of the husband's blood was transfused. Two days after, her stomach was able to digest chicken, and gradually, with the help of pepsin for a while, she was able to eat more substantial food and drink French wine (*L'ordeaux*). Of course, at that period I stopped the rectal injections.

It is to be remarked in this case, that I never gave her any iron preparation during the whole treatment, and I firmly believe that the cure is due to the four and a half ounces of healthy blood transfused.

On the 15th of August, Mrs. S. started for Europe, and when she returned, last November, I could hardly recognize her, so plump and rosy were her cheeks.—[*The Ohio Medical Recorder*, April, 1880.

2613 South Seventh Street.

---

## HOW TO FEED FEVER-PATIENTS.

---

CH. GATCHELL, M.D., MILWAUKEE, WIS.

---

The old notion that one should “stuff a cold and starve a fever” has long since given way to the modified doctrine that both the cold and the fever should be well fed. It was the great Dr. Graves, of Dublin, who said that he desired no greater epitaph on his tombstone than simply this: “He fed fevers.” To the reform which he thus initiated we owe many lives, for no doubt, under the old method of keeping the patient on a low diet for fear of adding “fuel to the flames,” many poor victims were actually starved to death when recovery would have followed, had they been properly nourished.

But care and judgment in the management of the dietetics is as important as the medicinal treatment itself, and a certain plan must be observed. The instructions which follow, will apply to almost all the acute fevers. It is well to keep in mind a few general

### RULES.

Give *no solid food* to a fever patient.

Let the food be *simple*, but *nutritious*.

Give food at *frequent intervals* and in *small quantities*.

Let a fever-patient have all the cold water he wants to drink.

Remember also that those fever-patients who have been judiciously nourished will make the best recoveries.

Solid food given during convalescence will often cause a relapse.

If the patient be properly nourished from the outset there will be little need of alcoholic stimulants.

If the patient's mouth be foul, the lips, teeth and tongue covered with "sordes," before giving food cleanse the mouth with cool water containing a little lemon-juice, using a swab or the corner of a napkin.

When a patient is weak and laying on his back, it is exceedingly tiresome for him to take food or drink a spoonful at a time; even this slight effort wearies him. At such a time none but liquid food should be given, and this through a bent glass tube.

Food for fever-patients should be *fluid in form, easy of digestion* and highly *nutritious*.

#### MILK.

No better form of food than this can be chosen if it agrees with the patient.

Give to the patient regularly every two hours a teacupful of milk. This may be fresh from the cow, or scalded, or ice-cold, to suit the fancy of the sick one. When but little food can be taken, it is a good plan to have a pitcher of iced-milk, and when the patient complains of thirst give this instead of water. The best way of administering it, is to let the patient draw it through a bent tube.

If the milk disagrees, or is thrown up curdled, a table-spoonful of lime-water to a cup of milk may prevent this.

#### BUTTERMILK

may be given instead of sweet milk. It is both refreshing and nutritious. It should be fresh, and, like the milk, given in small quantities, frequently repeated. Its tendency is to allay fever.

To some patients milk is repugnant. To others its continued use will render it so. Its use may then be varied by giving gruel.

The perfection of gruels should be, according to Mrs. Austen, "thin, but not too thin; thick, but not too thick."

For the first three days of the fever, if the patient receive oat-meal gruel the waste of tissue, which occurs during that time, will be fully met. The oatmeal, however, should be *thoroughly well boiled*. If it be underdone, more harm than good will follow.

OATMEAL GRUEL.

To two table-spoonfuls of oatmeal add two table-spoonfuls of water, and make a *smooth* paste. Stir this into a pint of *boiling* water, and boil for half an hour, stirring well. Add a little salt, and strain through muslin. If too thick, thin with a little milk.

Later in the course of the fever the patient requires food which is *stimulating* as well as nourishing. But unless the patient is in an asthenic, i. e., a weak and low condition, preparations containing alcohol should not be given. If, however, there is great prostration with weak and feeble circulation, alcohol is indicated.

BEEF-TEA.

This much-abused article will find its chief use in those weak conditions in which the patient needs stimulating. There is not much nourishment in it, but it seems to have remarkable power of sustaining life out of all proportion to the amount of solid matter which it contains.

If a patient has a continued fever, and it is known that beef-tea will be wanted from day to day, too much pains cannot be taken in its preparation. It is well to observe the following

RULES:

1. Never let beef-tea boil.
2. The finer the beef is cut the better.
3. Always begin with *cold* water.
4. Beef-tea that "jellies" when cold has not been properly made.
5. There should be no fat, gristle or bones adhering to the meat.
6. The proper proportion of beef and water are a pound to the pint.
7. After being made, carefully remove from the surface all traces of fat.
8. To "warm up" beef-tea, put it in a cup and set the cup in a vessel of boiling water.

To get *all* the virtue of the meat the following recipe is the best:

Take one pound of fresh meat, cut very fine, soak in one-third of a quart of cold water over night. In the morning



remove the meat, saving the water in which it has soaked. Put the meat into two-thirds of a quart of water and let it simmer for two hours, keeping the water up to its original level by replacing what is lost by evaporation. Now pour the beef-broth into the cold liquor in which the meat was soaked, squeezing the meat as dry as possible.

The meat which remains should be spread on a tin plate and slowly dried in an open oven. When perfectly dry it can easily be reduced to a powder in a mortar. Mix this meat-powder in the liquor and you have all the elements of the meat in a fluid form. Salt to taste and add twenty drops of *muriatic acid* and three grains of *pepsin*.

A simpler method, and one which will answer for all ordinary purposes, is the following:

Prepare a pound of beef in the usual manner and soak it in a pint of cold water for two hours. Now place the vessel containing the meat into a sauce-pan of water, and let the water in the latter boil for three hours (putting the meat and water into a stone bottle and this into a kettle of boiling water answers the same purpose). Replace water that is lost by evaporation. When done, strain and salt to taste.

#### WINE WHEY.

Put a quart of fresh milk into a sauce-pan and let it come to a boil; as soon as it reaches this point, add slowly a wine-glassful of sherry wine, skimming off the curd which rises, for about fifteen minutes. Add a table-spoonful more of wine, skim what curd remains and it is ready for use. Sweeten to taste, and season with nutmeg if allowable.

Whey is not very nourishing, but prepared in this way it is refreshing and stimulating.

#### EGG-NOGG.

One tumbler of milk.

One egg.

One dessert-spoonful brandy.

One dessert-spoonful sugar.

Carefully scald the milk and let it afterward become cold. Beat the sugar and egg together, up to a froth, put into a tumbler, add the brandy and fill up with the milk.

This is stimulating and nutritious.

After the stage of depression has passed, the stimulating food may be dropped and a return made to simple, nourishing, easily-digested articles. Food should be given yet with great care, especially in typhoid, and *nothing solid* should be swallowed by the patient. Give again meat broths, milk and the like.

MUTTON BROTH.

Take a pound of fresh mutton, free from fat; cut into thin slices with a sharp knife; put into a suitable dish, salt, pour over it a quart of *cold* water and let it *simmer* over a slow fire for an hour, then let it boil for an hour longer. Strain off the broth through a sieve, refusing the meat fibre. Season to taste.

BEEF BROTH

may be made according to this same recipe, taking a pound of beef free from fat—a piece of the neck or shoulder is best. These broths may be thickened with sago if preferred.

CHICKEN BROTH.

Take a tender chicken; remove the skin and all fat. Cut it in two longitudinally and remove the lungs which will be found attached to the back. Now cut these halves into small pieces, cutting through bones and flesh. Put these pieces into a suitable dish, salt, pour on a quart of cold water and *simmer* for an hour and a half, then set it on the hearth or back of the stove and keep up the heat for half an hour longer. Strain through a sieve or coarse towel to separate the broth from the bones and fibre. Season to taste. Thicken with a little flour or sago if desired.

This dietary is intended to apply to any of the essential as well as the symptomatic fevers. But some of these require special mention.

TYPHOID FEVER.

This fever is generally protracted and exhausting, and the diet needs careful attention, and especially when convalescence approaches and the appetite returns. Relapses are often brought on by some error in diet or over-indulgence. *No solid food* should be taken until health is *fully restored*. It must be remembered that the lining-membrane of the intestines has been ulcerated, and for some-

time after the patient is up it is in a very sensitive state, and extreme care must be observed lest the inflammation be again aroused. So simple a thing as eating too much boiled rice has brought on a fatal relapse. A diet consisting exclusively of milk may be depended upon in this fever.

#### TYPHUS FEVER.

In this fever there is great and rapid destruction of tissue, and it is highly important that this loss should be met from the first by very nutritious food given *regularly* and *persistently*. If the prostration is great, give beef-tea and egg-nogg. If swallowing becomes impossible life may still be supported by nutriment enemata.

#### SCARLET FEVER.

While the general dietary already given will apply to this fever, yet, since here is usually some inflammation of the stomach attending it, the food must be especially bland and unirritating. Only a small quantity should be given at a time, and this will be better borne if it is *cold*. Iced milk, iced barley-water and the like will agree better than warm food. A milk diet fulfils all indications in this fever, and is especially useful in that its tendency is to act as a diuretic, and thus keep the kidneys acting freely.—[*Med. Counselor, April, 1880.*]

---

### FROM HOT SPRINGS.

---

#### LETTER FROM THE GREAT ARKANSAS HEALTH RESORT.

---

HOT SPRINGS, ARK., April, 1880.

The European may seek his German Spa, or Baden-Baden, or better still, the sunny skies and salubrious softness of Southern France, happy in the thought that an almost exhausted vitality may possibly be restored; whereas the American, confident of a specific for so many of the ills that flesh is heir to, resorts to his native *thermal* waters (from a trinity of Greek words signifying to make hot)—the famous Hot Springs of Arkansas. Truly nowhere else on the American continent can so many grand restoratives to health

and strength be commanded at the self-same time and place.

It is no idle story of the dreamer or the enthusiast that ascribes to these waters the most miraculous of cures, for their medicinal virtues, world-renowned, have been attested by physicians and scientists of every clime.

Nestling coyly, quaintly, in the narrowest of valleys, or defiles, formed by a division of the Ozark mountain range, the village or town of Hot Springs offers a pre-eminently practical picturesqueness, in addition to its health-giving attractions.

Tourists dwell enraptured upon the beauty of the scene, and weary seekers of health think their's a happy prerogative indeed to be thus permitted in the midst of a charming luxuriant exuberance of nature to seek and renew their wasted vitality.

The houses seem bent upon a pilgrimage up the mountain-side, and, as if for a moment only, weary of their climb, pause and pose in peculiar picturesqueness. The mountain stream comes plashing and purling down through the very heart of the town, and the different springs so varied in their properties—the guide-books will tell you all about them—spring out of the mountain-side here, there, almost everywhere. The larger bath-houses occupying positions over some of the most important springs. Fringing the mountain-tops are forest growths that seem peering into the blue beyond. Watching a wave of shadow and then a burst of brightness creeping over the mountain-sides, we have more than once recalled a pen-picture, painted by Dickens in one of his happiest moods: "There's a great blackness settled upon the face, as if the sun had died away from the heavens altogether, till when he comes around the corner o' the mountain, a glorious procession o' sunbeams and colors, takes its course across the whole length o' the sides, and all the hills give out a kind o' glow, and at last they seem on fire, and you can hardly look for the brightness."

And the nationalities represented are so varied and striking, ranging from the olive-brown Mexicano, with his shawl and sombrero, to the polished thoroughbred habitue of the American or European metropolis.

Here, indeed, the extremes of society meet, and the daily pictures presented are a truly cosmopolitan milange.

But better than all the beauty nature lavishes, is the diviner alembic of health, here so surely to be found with proper, consistent wooing, and not for a season only but throughout the year, the worship of Hygeia goes continuously on; and this daughter of Æsculapius vouchsafes to her devotees the boon, the blessing beatific of health. Freedom from many of the vapid sensationalisms of most modern watering places is one of the peculiar charms of Hot Springs, and constant indulgence in a frivolous round of gaiety is not a *sine qua non* of even the most ultra fashionable existence. Pensive valetudinarianism may don its hat and cloak for the quietest of strolls in suburban retreats, or, more ambitious still, seek the country's glorious beauty on the back of some mettlesome charger. One may enjoy one's self *ad lib*, nor pride nor gossip blab.

It is unnecessary to enumerate the scientific quality and character of the different springs. Scientists have done the tale over and over again, and in more than one quantitative analysis made us familiar with their chemical properties.

But we would that we could to-day paint a picture so impressive that all suffering humanity, seeing might believe, and rush to this modern Bethesda for healing.

Hot Springs is easily accessible from all points north and south, via the St. Louis, Iron Mountain and Southern Railroad. This road connecting with the Hot Springs Narrow Gauge, at Malvern, a point some twenty-five miles distant from Hot Springs. We found on the St. Louis and Iron Mountain Railway the most commodious and comfortable of day coaches, and truly luxurious palace cars, leaving nothing to be desired in the way of comfortable transportation for the suffering public.

And we would, at the very last, whisper once more to the sick, suffering or ennuied to go for a month or two to Hot Springs and try the virtue of its famous thermal waters.

BOHEMIENNE.

*SCARLET FEVER.*

---

BY F. L. DAVIS, M. D., EVANSVILLE, IND.

---

We have had a very severe epidemic of scarlet fever in Evansville, during the year 1879. The city schools had to be closed by order of the Board of Health, for a portion of the time of its prevalence, and no child a member of a family in which a case of the disease occurred, was permitted to attend the public schools for fifteen days after the recovery or death of the patient.

Homœopathic treatment here as elsewhere proved its superiority in the treatment and management of persons attacked with this disease, and this resulted in making converts even among its most bitter opponents.

The prompt remedies used here by the physicians of our school were Bell. and Merc. proto-iodide during the first and second stages of the disease, and often during its whole course.

These controlled the disease and at the same time prevented swelling of the glands, as well as the other symptoms indicating throat disease.

Whenever there were any symptoms of disturbance in the kidneys indicated by albumen or dropsical effusion, with or without rheumatic pains, Apis and Arsenicum sufficed to remove the symptoms quickly.

Lachesis also was used with very happy results when the skin presented a remarkably rough and raspy appearance.

When diphtheritic complications occurred, they were soon overcome by a few drops of Merc. cyan.

Our opponents were surprised at the remarkable success and small death-rate that attended the Homœopathic treatment during the fearful epidemic through which we have passed.—*Am. Homœopath, March, 1880.*

get well, perhaps never; but put him under treatment for his condition, which I seem to hold for about forty-eight hours, when a severe hiccough set in which complicated the case still more. This hiccough and fever continued for over two weeks—first the cough was single, then double, then thrible—night and day, in spite of all I could do, either palliative or curative. Of course, I could give but little encouragement to the family. He would once in a while get a little sleep under the influence of ether, applied over the pit of the stomach or at the mouth.

After continuing in this condition for two weeks, it began to let up a little. He would get a little sleep when the hiccough would cease for a while.

From this time on he steadily gained for eight or ten days, when I thought him out of danger. Appetite improving, no cough, slept quite well, when one morning to our surprise an abscess broke, discharging over a pint of pus through the mouth from the left lung, which continued to discharge large quantities daily for about eight days, reducing him again very low. So much pus in the mouth most of the time reduced his appetite very much, but the discharge began to lessen, and I began to be a little more hopeful.

On the ninth or tenth day another abscess broke, discharging quite as much as the first. Now, apparently, all hope of his recovery was gone. But I continued my care and treatment, using alcohol in some form as food, as he could receive but little of anything else.

The discharge of pus continued more or less for six or eight weeks; his appetite began to improve as the pus began to be less.

From this time he continued to gain slowly, so that in just thirteen weeks from the time he was taken sick, he began to sit up.

The cavities healed up kindly, and in two or three months more, he seemed perfectly well, and has remained so ever since, now over a year.

In this case as well as the other, there are some remarkable changes.

1. The change from what appeared to be a well marked inflammation of the lungs to a low form of typhoid fever, without lung irritation, to me is not very common.

If the change had been from pneumonia to typhoid pneumonia, I should not have been surprised.

Perhaps the severe and continued hiccough was a cover to the pathological changes that were going on in the lungs, for the spasms were so severe that the changes going on were not discovered either by auscultation or percussion.

Where were the abscesses located (for evidently there were two), that they would heal up so kindly and perfectly as not to leave a trace of their former destruction, either by percussion, auscultation or impairment of health.

During the fever stages with the hiccough, *Bryonia*, *Rhus*, *tox Baptisia* and *Arsenicum* were the remedies best adapted to the case according to the symptoms.

As a palliative for the hiccough I found *ether* to be the best, either applied over the stomach or taken into the stomach. Dose a half spoonful.

After the abscesses broke, *Silicea* was the remedy *par excellence*. I gave the 8th, 30th and 200th. I found it necessary to give the remedy often, every three hours, or he would lose time in gaining.

---

## *MEDICAL SOCIETY DISCUSSIONS.*

---

MARCH 22, 1880,

Dr. Comstock read a paper on Laceration of the Cervix Uteri, after which remarks ensued as follows:

DR. COLLISON: Dr. Comstock recommends the knee-elbow position for the operation. Many ladies are so timid that they would not think of submitting to the operation without chloroform. Can that be given with the patient in the knee-elbow position, or can the operation be as readily performed with the patient on her back?

DR. COMSTOCK: It would probably be better to place the patient on her side if chloroform were to be given, though I think a little might be given with the patient in the knee-elbow position.

DR. PEARMAN: I think that the percentage of cases of women with lacerated cervix, referred to by Dr. Comstock, is pretty high, especially, if they were all lacerations of considerable extent.



DR. COMSTOCK: The laceration was variable in extent, but sufficient to interfere materially with the process of involution.

DR. PEARMAN: I think cotton is better than marine lint in cases where there is no erosion, and where considerable depletion is required.

DR. CAMPBELL: This is a subject to which I have given but little attention, but, if laceration is present in anything like 40 per cent. of the cases of chronic female diseases in gynecological practice, it seems to me that something might be done to prevent the accident or to produce union of the lips of the fissures immediately after its occurrence.

DR. COMSTOCK: It is now considered a physician's duty in every case of labor to examine the perineum, and operate upon it at once if lacerated. Dr. Goodell says he should do the same with the cervix uteri, but it is a matter of much greater difficulty to sew up the cervix just after the completion of a labor, than it is to sew up the perineum, and I am not decided concerning it.

DR. SCOTT—Question to Dr. Comstock: Do you think it would be safe for a woman that had undergone the operation for a lacerated cervix, to become pregnant again? I ask, because the woman upon whom you operated at the hospital a short time ago, came to me and asked the question, saying that she thought of marrying?

DR. COMSTOCK: Yes, I think it would be safe, but I would recommend her *to wait longer than four weeks*.

I expected to hear some views expressed in 'the Society in opposition to these I have offered. There has been something of the kind in most societies when they had been presented.

DR. COLLISON: I have seen Dr. Comstock operate several times so successfully, that I am in no mood to dispute his views. I have two or three cases on hand now, which I think nothing but an operation will cure. I help them along pretty well at times with local and general treatment, but they will relapse. But I must say that I do not believe 40 per cent. of the complaints in married women are due to laceration of the cervix. I think there are a good many cases of prolapsus, version, leucorrhœa, etc., to one of laceration.

I should not think it advisable to operate immediately

after labor, because the woman is exhausted at that time, and several assistants and thorough preparation are not to be had, but the operation properly performed and at the right time, is a grand thing.

DR. PARSONS: Every few years we have some grand new thing, especially in gynæcological practice, which has a run for a while, but is soon found out to be a failure, and I think this operation is one of them. It is popular at present, but it will soon be found out that the women who have been operated upon will have their old complaints, and that laceration of the cervix was not the key to all female diseases.

The fissure is not a hare-lip, because it is of traumatic origin, while hare-lip is congenital—due to incomplete development. I do not believe the accident is of so frequent occurrence as it is stated to be. I have never seen but two cases in my experience. I have been on the watch to see if epithelioma was caused by a lacerated cervix, but unmarried and childless women have epithelioma of the cervix. I am satisfied that no person will have cancer of any variety unless the seed is in his system.

This operation may relieve for a time, but I think it will appear that it is only palliative. One of the first and most zealous advocates, Dr. Pallen, a few years ago, made thirty-six sections of the cervix for the cure of sterility, and thereby made himself the laughing stock of the profession. Now he is off in another direction.

The other day a lady came to me, saying that a certain doctor told her she had laceration of the cervix, and nothing but an operation would cure her. I examined her and there was nothing of the kind. That other doctor is in the operating business.

There is another question: Do all the symptoms of a patient having laceration, depend upon that for a cause? I do not believe it. There may be ovarian irritations, subinvolution, and many other causes for symptoms manifested.

In some cases of laceration there is no erosion nor tenderness of the lips of the fissure or adjacent parts. Should such patients be compelled to submit to an operation? In answer to the question, can the woman bear children after

the operation, with safety? I think she can. Cicatrices disappear much more rapidly and surely from the sexual organs than from some other parts of the body, especially the face, which for some reason seems more susceptible and retentive of them.

As to the operation, I am not opposed to it, where it is certain that it is the cause of disease, but I am opposed to the plan of operating upon every woman who is sick.

DR. EDMUNDS: Is ectropion present in all cases requiring operation?

DR. COMSTOCK: It is.

DR. EDMUNDS: In my experience, cases have not been anything like so frequent as referred to by Dr. Comstock. I may have been wanting in intelligence or mistaken in examinations, but I tried not to be. I must say that I was surprised at the statistics given by Dr. Comstock. I think sexual excess and subsequent pregnancies will cause recurrence of the troubles of some of the women who have been operated upon. I do not understand how it will relieve the subinvolution.

I think operation immediately after labor would multiply the chances of peritonitis, etc., and would be very injudicious. It is a good plan to go slow with novelties.

DR. COMSTOCK: No one has called the fissure, hare-lip, but Pallen, and he did so from the striking resemblance rather than its mode of origin. I think it is a great factor in epithelioma. I have seen four cases so cured in as many years. I doubt if any doctor will see in a life-time more than one case of epithelioma of the cervix in a woman who has never been pregnant. Involution does occur after operation. It is probably caused by the support arising from closure of the everted cervix.

DR. CAMPBELL: Does Dr. Parsons consider epithelioma hereditary?

DR. PARSONS: I take the ground that all cancers are hereditary.

DR. COMSTOCK: If the operation for laceration prevents the growth of cancer, it is an important thing in its favor. Ideas about cancer are rather vague, and those of to-day are different from those held a few years ago. Mr. Wiggins died of a cancer on his nose, supposed to have been caused by his spectacles.

DR. PARSONS: In that case an ulcer formed that could not be healed, which fact proved that there was something behind the irritation from the spectacles.

DR. COMSTOCK: Epithelioma is apt to be aggravated by abortions. They occurred in the four cases I have mentioned.

DR. CAMPBELL: I do not think there is any positive proof that epithelioma is hereditary. It contains no destructive cancer cell, and indeed there is none. One day I asked a man who is second to none as authority upon these matters, if he could tell positively whether any certain cells placed under the microscope were cancer cells or not, and he said he could not; he must have the history of the case to help him in his decision. I have twenty-five preparations of cancers, which I showed to Dr. Fraley, an eminent microscopist of London, and asked him if they contained cancer cells. He could not decide. There is much vagueness and doubt concerning the subject of cancers.

DR. PARSONS: I did not take the ground that destructive cancer cells were to be found, but that cancer was hereditary.

DR. COMSTOCK: I would like to make one remark regarding the existence of epithelioma of the os and cervix in the unmarried. I do not deny the occurrence of such a thing, as I have seen a number of instances of it in my experience, but in all the above cases, except one, the women, although unmarried, had either borne children or suffered from a miscarriage. In the exceptional case, I had a good reason to believe that the uterus had been impregnated. Let me assure you, gentlemen, if you ever have a case of cancer of the uterus, in a supposed virgin, you may cherish a very rational suspicion, founded upon clinical experience, and and in accord with the most recent advances in pathology, that your patient has, some time in her life, been clandestinely impregnated.

---

HOMŒOPATHIC GAZETTEER FOR 1880, by Eugene A. Guilbert, is just out. It contains the names and addresses of all the Homœopathic physicians in ten Western and Southern States (983 names), all correct to date and reliable. Price 50 cents. Send to 209 N. Fourth street, St. Louis, Mo.

*CORRESPONDENCE.*

INDIANAPOLIS, IND., May 1, 1880.

TO THE HOOSIER BRETHREN :

The 14th Annual Session of the Indiana Institute of Homœopathy, will be held at Indianapolis, May 25th and 26th, 1880. The disciples of Hahnemann in Indiana are urged to be present at this meeting.

This institute is already the leading State medical organization in the West. Business of great importance will be transacted.

The next legislature of Indiana will undoubtedly pass a medical bill of some kind, and unless the homœopathists throughout the State carefully guard their interests, their rights as medical men will be encroached upon. An effort is being made to have every energetic homœopathist in the State become a member of the institute. By thus uniting in thorough organization, we shall present the most formidable array against "old school" tyranny. The so-called "regulars" of Indiana entertain the most bitter hatred against homœopathy and those who practice it. We must force them to understand that we are both educated and skillful in our profession. We must teach the public generally "the better way." No physician in Indiana who has any love for the cause will fail to do something to make this meeting a success. Do not fear that your practice will suffer if you leave it for a few days. Shut up your office and put on the door "Gone to Indianapolis to attend the 14th Annual Session of the Indiana Institute of Homœopathy."

Come prepared to read a paper on some medical subject or report one or more cases from practice. You will be well paid for your time and trouble.

Please send to the undersigned without delay the subject of your paper for the coming meeting.

Information in regard to reduced railroad and hotel rates may be had by addressing C. T. Corliss, M. D., Indianapolis, Ind., Chairman of the Committee of Arrangements.

The following gentlemen are Chairmen of the Bureaux:  
Surgery—C. S. Fahnestock, M. D., La Porte, Ind.

Ophthalmology and Otology—M. T. Runnels, M. D., Indianapolis, Ind.

Epidemics—W. H. Taylor, M. D., Crawfordsville, Ind.

Sanitary Science and Climatology—G. W. Bowen, M. D.,  
Fort Wayne, Ind.

Gynæcology—O. S. Runnels, M. D., Indianapolis, Ind.

Obstetrics—C. T. Corliss, M. D., Indianapolis, Ind.

Materia Medica—W. P. Armstrong, M. D., Lafayette,  
Ind.

Clinical and Psychological Medicine—O. P. Baer, M. D.,  
Richmond, Ind.

Diseases of Children—A. C. Jones, M. D., Muncie, Ind.

Microscopy—J. R. Haynes, M. D., Indianapolis, Ind.

You are earnestly requested to *be on hand early and re-  
main till all the exercises are through*, so as to avoid con-  
fusion.

Fraternally,

M. T. RUNNELS, *Secretary*.

---

UNIVERSITY OF MICHIGAN, }  
April 28, 1880. }

PROF. P. G. VALENTINE, M. D., EDITOR.

DEAR DOCTOR :—For the sake of the Missouri College and  
my previous relations to it, will you please make public  
the facts in the case of the graduation of Dr. Samuel Potter,  
and thus determine the questions in controversy touching  
my connection with that college and its graduate, Dr.  
Potter.

Dr. P. matriculated for the session of 1877-78, and paid  
his fees for the entire lecture course. When the class grad-  
uated, if you recollect the circumstance, he was ill in his  
bed, having been poisoned by an overdose of medicine, taken  
while proving drugs. At this time he was making arrange-  
ments to leave here to go to Egypt in the service of the  
government of that country, and having presented satisfac-  
tory evidence of his having attended lectures at different times  
and places, fully equal to two full courses, and of having served  
during the war in the Medical Department of the army, and of  
a pupilage extending over several years with renowned sur-  
geons of the old world, his claims were submitted to the  
faculty of the Homœopathic Medical College of Missouri,  
who granted him a special examination. This took place  
on the 25th, 26th and 27th of April, 1878, and was eminently  
satisfactory, as we all expressed ourselves at the faculty meet-  
ing held for the purpose of balloting for his degree. I can

say for my own part, that Dr. Potter passed a most excellent examination in anatomy and surgery, and if my memory serves me, all the faculty were abundantly satisfied of his entire competency to receive the diploma of our school, and so voted.

These are the facts in this case which has achieved so much notoriety of late, and if you find them in consonance with your own understanding and that of others, will you so testify to them, that this question of his graduation, and the inuendos that I am charged with of late in the "American Observer" in connection therewith, shall be forever silenced,

And oblige, yours truly,

E. C. FRANKLIN.

St. Louis, May 15, 1880.

The above statements of Prof. Franklin, relating to the graduation of Dr. Samuel Potter, of Milwaukee, Wis., are true.

PHILO G. VALENTINE, Registrar,

Hom. Med. College of Mo.

## Books and Pamphlets Received.

**PRICE CURRENT.** Otis Clapp & Son, Boston and Providence. This is a finely illustrated and beautifully bound catalogue of books and medical merchandise, sold by the New England Homœopathic Pharmacy.

**CATALOGUE AND PHYSICIANS' PRICE LIST,** of Medical Merchandise. For sale by Lewis Sherman, A. M., M. D., Manufacturing Chemist, Importer and wholesale dealer. Milwaukee, Wisconsin. Sherman keeps everything wanted by Doctors, and that of the very best quality.

**A CATALOGUE OF MEDICAL BOOKS AND MERCHANDISE,** homœopathic medicines, surgical instruments and all physicians' supplies. For sale by Duncan Brothers, Chicago, Ill. A little pamphlet of 54 pages printed on pink paper, and bound in green.

**BOSTON UNIVERSITY YEAR BOOK.** Edited by the University Council. Vol. VII. This contains a great amount of valuable information concerning the past year's work of this University in all its departments. We especially beg to call attention to the scholarly and suggestive essay it contains, by President Warren, on "Hopeful Symptoms in Medical Education."

**IODOFORM (C<sub>2</sub> H I<sub>3</sub>).** An important Therapeutic Agent, 2d Edition, 1880. Recommended for Scrofula, Anæmia, Neuralgia, Chlorosis and Rheumatism. Prepared by the great house of W. R. Warner & Co., Philadelphia. Pamphlet written by Stiles Kennedy, M. D.

**THE FAMILY MEDICAL ABSTRACT.** A common sense journal for home



reading. A. F. McKay, M. D., Editor, Tidioute, Pa. \$1.50 per year.

**THE INDEPENDENT MEDICAL INVESTIGATOR.** A monthly journal of progressive medicine. Greenfield, Ind. 50 cents per annum.

**REST IN NERVOUS DISEASES.** By N. A. Pennoyer, M. D., Kenosha, Wis. (Read before the joint convention of the Western Academy of Homœopathy and Missouri Institute of Homœopathy, St. Louis, May 7, 8 and 9, 1879.) Reprint from the U. S. Investigator, 1880. Duncan Brothers, Publishers.

**PART 2D, DISEASES OF THE BRAIN and Nervous System.** Spinal Irritation, Chorea, Glosso-Labio-Laryngeal-Paralysis, Facial Paralysis, Writer's Spasm, their diagnosis and treatment. By J. Martine Kershaw, M. D., Professor of Brain, Spinal and Nervous Diseases, in Hom. Med. College of Missouri, etc., etc. Duncan Brothers, Chicago, Ill. Pp. 130, 8vo. This is written in Prof. Kershaw's best style. He draws largely from all the literature extant on the subjects here elucidated, describes the maladies in hand well, and applies the Homœopathic treatment with great precision. He devotes his life to this specialty, and when his VIII parts are all done, together they will make a great and handsome volume. The printer has made some errors in the page headlines, which mar the appearance of this part materially. 50 cents each part.

#### HALE ON DISEASES OF WOMEN, REVIEWED.

Over two months ago the second edition of this volume, of over three hundred and seventy pages, was handed me by the editor of the *CLINICAL REVIEW*, with a request to write up a review of it.

Since receiving the book my time has been so occupied that I have not felt I could do justice to it, and even now I can only speak of it in terms of general commendation instead of particularizing the many points of especial merit with which it abounds.

The first fifty pages are devoted to an introduction, in which the subject of ovulation and menstruation are discussed, and great credence is given to the theories of Dr. Jackson.

If there is any weak place in the entire work it is in this introduction. Hale is a thoroughly practical man, and we can pardon his theorizing in this instance because it is borrowed.

The first part of the book, proper, is devoted to what the author terms "Sterility," but what is in reality a very complete and concise treatise on diseases of women. Our author has very sensibly divested himself of all notions of prudery, that in some instances lurk about professional authorities, and has gone directly into the most brief and practical discussion of his subjects.

All the latest and most approved instrumental and local methods of treatment are given, and this, too, without neglecting the curative powers of the Homœopathic *Materia Medica*.

The Homœopathic profession are beginning to find through the people, voiced in public opinion, as well as in fact, that the successful gynæcologist, as well as the specialists in eye and throat diseases, must avail himself of the well-proven local methods of treatment.

The second part is devoted to dystocia and is replete with good items especial stress being put, as might be expected, on the virtues of *new remedies*.

In conclusion, I would suggest to Dr. Hale that, in event of another edition, it might be well to incorporate what he has formerly published on abortion.

WM. C. RICHARDSON.



## Editor's Drawer.

---

THE time of meeting of the Missouri Institute has been changed to Wednesday and Thursday, June 2d and 3d.

A public address will be delivered by Prof. Philo G. Valentine, A. M., M. D., of St. Louis, in the Congregational Church, on Wednesday evening at 8 o'clock. Subject: "Popular Errors Touching Homœopathy."

Efforts to secure reduced railroad rates are progressing.

WM. D. FOSTER,  
Secretary.

Hannibal, Mo., May 16, 1880.

CHANGE OF DATE.—The Western Academy of Homœopathy will meet Wednesday, Thursday and Friday, June 9th, 10th and 11th instead of 1st, 2d and 3d, as announced, to enable delegates to attend the American Institute as well, which meets June 15th.

C. H. GOODMAN, M. D.  
General Secretary, 2619 Pine St., St. Louis.

TO THE ALUMNI ASSOCIATION OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MO.—The undersigned, your committee, to whom was assigned the duty of drafting suitable resolutions on the death of our late colleague and fellow alumnus, Solon C. Grant, submit the following:

*Resolved*, That in the death of S. C. Grant, M. D., this association loses one of its warmest friends and supporters, one that, although not permitted to practice the art he loved so well, was, nevertheless, always ready and willing to do all in his power to promote its welfare.

*Resolved*, That a copy of these resolutions be furnished the family of the deceased, and that they be spread upon the minutes of the Association.

WM. C. RICHARDSON, M. D.  
J. A. CAMPBELL, M. D.  
A. S. EVERETT, M. D.  
Committee.

LONDON, ENGLAND,  
January, 1880.

*To the Editor of the "St. Louis Clinical Review: "*

DEAR COLLEAGUE.—At the close of the "World's Homœopathic Convention" which met in Philadelphia in 1876, it was determined to hold a similar meeting every five years in some principal city of Europe or America; and a general wish was expressed that the seat of the next gathering might be London.

On this determination and desire being communicated to the Congress of British Homœopathic Practitioners, meeting in Bristol, in September, 1876, it was unanimously resolved that such a convention should be held in London in 1881, and that the Congress would undertake the arrangements necessary for the purpose. A committee, consisting of the undersigned, was thereupon appointed to draw up a plan of proceeding; and its report, which is herein enclosed, was accepted at the Congress of 1877, and the committee re-appointed, with instructions to obtain adhesions and contributions.

The latter, viz., reports of progress and papers to be discussed at

the meetings, we are soliciting from individual physicians practicing homœopathically throughout the world. But we now request your good offices towards interesting the readers of your journal in our proposed gathering, by bringing the subject before them, and also towards making it known to the Homœopathists of your state in such way as you may think best.

The exact time and place of meeting, with the office-bearers, etc., will be finally decided at the Congress we shall hold in September, 1880, and information thereof will be duly forwarded to you, and published in all British homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain very faithfully yours,

R. E. DUDGEON, *Chairman*,  
W. BAYES,  
A. CLIFTON,  
A. C. POPE,  
R. HUGHES, *Secretary*.

All communications to be addressed to the secretary, Dr. Hughes, Brighton, England.

MORE DOCTORS IN ST. LOUIS.—Clara Sauter, Henry J. Dionysius, Chas. W. Taylor, Chas. W. Kelly and Wm. A. Forster, the later with Surgeon Parsons. These make 65 for St. Louis with room for a dozen more.

OUR COLLEGE DISPENSARY attends to as many patients daily as does the City Dispensary. It is immensely gratifying to see the crowds of poor turning to us for medical and surgical relief. Our specialists are especially elated at the abundance of the raw material to illustrate before the Class every phase of the most complicated ailments.

THE sixteenth annual meeting of the Homœopathic Medical Society, of the State of Wisconsin, will be held at the Newhall House, Milwaukee, on Monday, June 14th, 1880.

L. A. BISHOP, M. D., President.

LEWIS SHERMAN, M. D. Vice-President.

EUGENE F. STORKE, M. D., Milwaukee, Secretary.

DR. JOHN H. MOSELEY, of Olathe, Kansas, has been appointed county physician of Johnson county, Kansas. Score another for Moseley. He is one of our college alumni.

THE MISSOURI INSTITUTE OF HOMŒOPATHY.—The fifth annual meeting will be held in the Congregational Church, Hannibal, Wednesday and Thursday, June 2d and 3d, commencing at 10 o'clock a. m. The Planters' House will entertain members of the Institute and their families, at \$1 50 per day

OFFICERS OF THE INSTITUTE.—W. L. Hedges, M. D., Warrensburg, President; D. T. Abell, M. D., Sedalia, Vice-President; Wm. D. Foster, M. D., Hannibal, Secretary; D. D. Miles, M. D., Boonville, Treasurer, W. John Harris, M. D., St. Louis, Provisional Secretary.

#### ORDER OF BUSINESS.

##### FIRST DAY—MORNING SESSION.

1. The Institute will be called to order by the President, W. L. Hedges, M. D., of Warrensburg.
2. Appointment of Committees on Auditing and Credentials.

3. Reading minutes of last meeting.
4. Partial report Board of Censors: Chas. J. Burger, M. D., Wm. D. Foster, M. D., J. A. Campbell, M. D.
5. Report of Committee on Credentials.
6. Report of Treasurer and Auditing Committee.
7. Report of Special Committee on Certificate of Membership and Seal: P. G. Valentine, M. D., St. Louis, Com.
8. Report of Delegates to Foreign Societies: Am. Inst., Campbell, St. Louis; Western Academy, Parsons, St. Louis.
9. Report of Committee on Necrology: W. C. Richardson, M. D., St. Louis, Com.
10. Report of Bureau on Climatology and Prevailing Diseases: D. D. Miles, M. D., Ch'n.
11. Miscellaneous Business.

AFTERNOON SESSION—2 P. M.

1. Report of Bureau on Materia Medica: L. E. Whitney, M. D., Carthage, Chairman; A. Uhlemeyer, St. Louis; D. T. Abell, M. D., Sedalia; P. Baker, Kansas City; S. G. Merrill, Moberly.
2. Report of Bureau on Clinical Medicine: J. Martine Kershaw, M. D., St. Louis, Chairman.
3. Report of Bureau on Legislation, Education and Statistics: D. T. Abell, M. D., Sedalia, Chairman; C. J. Burger, M. D., Boonville; W. G. Hall, M. D., St. Joseph; J. C. Cummings, M. D., St. Louis.
4. Miscellaneous Business.

EVENING SESSION—8 P. M.

A public Address will be delivered by Prof. Philo G. Valentine, of St. Louis, at 8 o'clock p. m., in the Congregational Church.

SECOND DAY—MORNING SESSION—9 A. M.

1. Appointment of Committee on President's Address.
2. Further report of Board of Censors.
3. Appointment of Delegates to Foreign Societies.
4. Report of Bureau on Ophthalmology and Otology: J. A. Campbell, M. D., St. Louis, Chairman.
5. Report of Bureau on Surgery: A. S. Everett, M. D., Denver, Chairman; S. B. Parsons, St. Louis; W. D. Foster, M. D., Hannibal; Wm. B. Morgan, M. D., St. Louis; W. H. Jenney, M. D., Kansas City.
6. Report of Committee on President's Address.
7. Report of Bureau on Obstetrics: W. L. Hedges, M. D., Warrensburg, Chairman; S. Josie Johnson, M. D., St. Louis; W. C. Richardson, M. D., St. Louis; D. D. Miles, M. D., Boonville.
8. Miscellaneous Business.

AFTERNOON SESSION—2 P. M.

1. Final Report of Board of Censors.
2. Final reports of Bureaux.
3. Appointment of Bureaux by the President.
4. Election of officers.

5. Determination of Time and Place of next Meeting.
6. Miscellaneous Business, Resolutions, etc. etc.
7. Adjournment.

MINNEAPOLIS, MINN., April 20, 1880.

DEAR DOCTOR:—The Annual Meeting of the Western Academy of Homœopathy, and the Minnesota State Homœopathic Institute for 1880, will be held in Minneapolis, June 9th, 10th and 11th, 1880. Everything points to a large and enthusiastic convention of our very best men in the West.

The leading and representative men of our school in Chicago and St. Louis have promised to be here, and take an active part in the work of the convention.

The various Bureaux are hard at work, already have many important papers in hand, and more are promised.

The Headquarters of the Convention will be at the Nicollet House, where ample accommodations will be furnished to physicians and their families, at two dollars (\$2.00) per day. The St. James Hotel, a smaller one, but newly fitted-house, offer their accommodations for one dollar and a half (\$1.50) per day. The different railroads having a terminus in this city, will furnish transportation at reduced rates.

Realizing that it is well, occasionally, to combine fun with physic, the Committee will make arrangements for an excursion to Lake Minnetonka—the Saratoga of the West—and a steamboat ride upon its beautiful waters, to a point where ample refreshments will be in waiting.

In addition, trips to the Falls of Minnehaha and Fort Snelling, are being arranged for.

Will you not make an effort to be with us? We feel that it will be for your good to do so. To invigorate your system, and to gratify your taste for the beautiful, Minneapolis has no superior in the whole breadth of our land.

Any further information may be promptly obtained, by addressing the Chairman of either Committee.

D. M. GOODWIN, M. D.,  
Minneapolis, Minn., Chairman Ex. Com.

A. E. HIGBEE, M. D.,  
Minneapolis, Minn., Chairman Committee of Arrangements.

The Twenty-Sixth Annual Session of the Illinois Homœopathic Medical Association, will be holden at Chicago, May 18th, 19th and 20th, 1880. President, J. H. Beaumont, M. D., Freeport; Secretary, E. A. Ballard, M. D., Chicago.

Any persons visiting the North for chronic diseases, will find the Lansing Sanatorium a delightful place to spend a month or two. See Advertisement.

All graduates of the Homœopathic Medical College of Missouri, will please send their addresses to J. Martine Kershaw, St. Louis, Mo., Librarian and Curator of Museum. Donations are solicited for the College Library and Museum.

PHILO G. VALENTINE, M. D.,—*Dear Doctor:*—Please note the following in REVIEW:

Bureau of Clinical Medicine of Missouri Institute of Homœopathy, will present the following papers:

“Stomatitis,” Mrs. M. B. Pearman, M. D., St. Louis.

"Hydrocephaloid;" W. A. Edmonds, M. D. St. Louis.

"\_\_\_\_\_;" Philo G. Valentine, M. D., St. Louis.

"The Gymnastic Treatment of Spinal Curvature and General Spinal Irritation;" J. Martine Kershaw, M. D., St. Louis.

Other papers for the Bureau should be sent to the Chairman, J. Martine Kershaw, M. D., St. Louis, Mo.,

A CORRESPONDENT writes: "What will cure an actor of ranting?" Why! rant back at him; for will not *similia similibus curantur*?

THE Hahnemann Medical Association of Iowa, will meet at Waterloo, Iowa, on Wednesday and Thursday, May 26 and 27. Headquarters at the Logan House. This will be a large meeting. The secretary has issued a stirring circular to the Hawkeyes.

E. A. GUILBERT, M. D., Secretary, Dubuque.

DR. GEO. S. NORTON has removed from 36 West Twenty-seventh street to 154 West Thirty-fourth street, New York. Practice confined exclusively to the eye and ear.

DR. ALF'D K. HILLS removed on the first of May to 465 Fifth Avenue, New York.

FOURTEENTH annual session of the Indiana Institute of Homœopathy will meet in Indianapolis, May 25th and 26th.

M. T. RUNNELS, Secretary, Indianapolis.

LACTOPEPTINE.—There is scarcely a week passes that some one does not sound the praises of this preparation in our hearing as a most valuable adjuvant in aiding enfeebled digestion. Our doctors are recommending it in the convalescing stages of all our inflammatory fevers, and the results are highly satisfactory. The Lactic Acid, Pepsin, Pancreatine and sugar of milk which it contains gives to the Homœopath its therapeutic values.

MALTINE.—After carefully analyzing *Maltine* and three of the principal extracts of malt in the market, I find that Maltine contains from half as much again to three times the quantity of phosphates (bone and brain producers), and from twice to fourteen times as much diastase and other albuminoids (digestive agents and muscle producers), as any of the extracts examined.

PROF. WALTER S. HAYNES, Chicago, Ill.

PROMPT RENEWALS make us fast friends. About sixty of you are in arrears for Vol. 2d, and nearly all for Vol. 3d, which began in March. What's the matter? We are tired of sending you bills, for, as a rule, you ignore them. Must the Med. Journal bill be the last one paid? Suppose you reverse the custom.

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME III.

ST. LOUIS, JUNE 15, 1880.

NUMBER 4.

## *POPULAR ERRORS TOUCHING HOMŒOPATHY.*

BY PHILO G. VALENTINE, A. M., M. D.

(Public Address delivered at Hannibal, Mo., during the Session of the Missouri Institute of Homœopathy, June 2nd, 1880.)

LADIES AND GENTLEMEN:

The evening of last century was wonderfully prolific in the development of commanding genius—born to achieve greatness. The wars of Napoleon had stirred every home in Europe and rocked every nation like a storm-beaten ocean. On the sun-set side of the Atlantic our American revolution had brought into leadership a race of orators, statesmen and soldiers who startled the world by their brilliancy and moved every heart and brain to lofty impulses.

The times were ripe in the old world and the new for grander ideas, and newer conquests, not alone on the battle field but in the peaceful pursuits of literature, art and science—for "Peace hath her victories no less renowned than war." Men of learning and renown caught the inspiration of the hour and turned to the evolution of new truths, and to the opening of new pathways leading to the secret chambers of nature's hidden laws. Idolaters became iconoclasts, and the veneration for the vagaries of antiquity became lost in admiration of the marvelous thought-creating historic events which threw such luster upon the dying century.

It was in these very troublous times when learned doctors of divinity, law and medicine, shook their silvered heads in holy horror at the innovations of the day, that medicine became a science and homœopathy had its birth. What had for all previous ages been to a great extent the wild chimeras of self-complacent dreamers, now became formulated into a newly-discovered law of nature, capable of scientific demonstration. Homœopathy was one of the grand results of the upheaval of thought and the expanding of the intellect of a continent, and Hahnemann, its discoverer and proclaimer, enrolled his name as high on the starry firmament of fame as had Copernicus, Gallileo or Sir Isaac Newton, who had long before held the world spell-bound by their stupendous discoveries. Homœopathy, then, is the offspring and outgrowth of the unsatisfactory results of the old practice of medicine, and a popular cry for a better way of healing the sick. Homœopathy cures not by any accidental experiment or circumstance or any fortuitous good luck, or by the exercise of faith, or the restriction to any course of diet, but by the positive action of drugs, which drugs act upon the body according to an unerring law of nature known as our *therapeutic law*, and applicable to *every known* medicine and to *every known* disease. I say "our therapeutic law," because it is denied by the opposition school, and only believed by us by reason of the abundance and preponderance of unimpeachable testimony produced before our eyes every day of our lives. By *therapeutic law* I simply mean the mode in which remedies act when applied to the treatment of disease.

Homœopathy did not seem to flourish in its native land where it encountered fierce opposition, but since its arrival on our more genial shores, the transplanted flower has grown with great vigor until it has now become a most luxuriant fruit-bearing exotic. A wondrous robust giant tree, towering far above the primeval forests, and bedewing its ever-green foliage in the waves of both oceans.

Homœopathy met with bitter opposition everywhere, and has become so familiar with vilification and ridicule and misrepresentation, that it rather thrives upon them,

never having known the serene tranquillity that comes from peaceful possessions.

In the course of time, following the western movement of populations and of empire, it reached the far-famed "father of waters" (a name well chosen by the aboriginal tribes dwelling along its banks), and crossed into Missouri in 1844. Prof. Jno. T. Temple, of St. Louis, now deceased, peace to his ashes, being the stalwart flag-bearer who first planted our colors in this trans-Mississippi country. He was a ripe scholar, a polished gentleman, a true Homœopath, a gifted lecturer. I knew him well. He was a great and good man, of whom Missouri may well be proud. He lived a long and useful life, spread our cause from Missouri to California, and from Minnesota to the Lone Star State, and in ripe old age was gathered to his fathers full of years and of honors.

In many respects, the homœopathic system of medicine is coining "golden opinions" nearly everywhere, nevertheless, there are so many erroneous impressions held among our opponents, touching our peculiar practice, that I have thought best to try to-night to remove some of these popular errors, if I could, in order that our legion of friends might be fortified in their beliefs, the honest seeker after truth be enlightened, and that our opponents, be they physicians or laymen, might be instructed and informed of the true reasons why our practice is superior to that of the dominant school. Many are unbelievers simply from lack of opportunities to judge of its value, and others (a large class) take their views second-hand from their friends, or quite as often from their doctor, who, never having bought or borrowed a book on the subject, *knows all about it.*

There are two classes of popular errors relating to homœopathy: one class held by the people and the other class of errors held by the people and their doctors, whose interest it is to discountenance and to condemn everything connected with our system. A family physician exercises great power among his patrons, and rarely omits an opportunity to poison them against us.

The first *popular error* I shall allude to will be, speaking of homœopathic physicians,



1. *They don't give enough medicine.*

This is, of course, the *old, old story*, forever ringing its changes in our ears against our small doses. And it is fair to state that the *chief difficulty* our system has always had to overcome has been, and is, the incredibility of the statement that a dose so minute could accomplish so much. In all candor, I would ask the objector if a sufficient quantity to cure is not enough? Homœopathy I want to say is a guide to the selection of the *right remedy*, and not to the *selection of the dose*. It teaches the law of how to know the right remedy, the amount to be given is an after consideration, a secondary thought, nevertheless, a matter of great importance. And whether we prescribe a molecule, or a mountain, an atom, or an ocean, we are none the less homœopaths. We honestly differ on the dose or the *potency* as it is called, and are divided on the *potency* or dose question, but on the action of medicines, according to our therapeutic law, and which gave us our distinctive name as a school of medicine, *we are a unit*.

Why then do we use small doses at all? Because a large dose of the right remedy aggravates the disease; a large dose of the *wrong remedy* creates a new disease, without arresting the one for which it is given. A small dose of the *right remedy* cures, when properly repeated, and the case is curable by any possible medication. Now, a *small dose of the wrong remedy*, prepared in our way, produces no perceptible effect either pro or con. Our mode of preparing medicines vastly increases their curative power, and infinitely lessens their poisonous power. Our manner of trituration of drugs with milk-sugar, and of dilution and succussion with distilled water and alcohol is no "candle hid under a bushel," is no secret, but taught and explained in all our books and colleges, and is, therefore, no quackery, no charlatanry, the very essence of which is secrecy. But you ask why the *potentism* of the right small dose and the *nihilism* of the wrong? I answer by illustration. In the scientific world the doctrine of chemical affinities is well established. In accordance with this law, chemical agents act and re-act upon each other, selecting certain substances to unite with, for which they have an affinity, and rejecting others for which they have no

attraction. It is analogous to this that medicinal substances act within the human body. Drugs seem to have the power of selecting certain specific organs or tissues, upon which to expend their medicinal force; and this we denominate *medicinal affinities*.

Some act upon the brain in preference to any other organ. Others upon the liver, or the lungs, or the skin or the kidneys according to the law of *medicinal affinities*. If, then, the brain is diseased, no liver, lung, skin or kidney remedy, large dose or small, will reach it. The remedy must be chosen with special reference to its affinity for the brain, (and we have plenty of them) or we get no results. The reason we administer the small dose is, that the disease has so heightened the sensibilities of the organ that a large dose aggravates and overwhelms, while the small dose soothes and quiets by reversing the action of the disease. It is thus that an angry word enrages to a greater degree of fury, while "a soft answer turneth away wrath."

Don't give enough medicine! I think I have proven that it doesn't need large amounts to cure, that *quantum sufficit* to cure is surely enough. And that Homœopaths do cure, and that speedily and pleasantly, there is a cloud of witnesses even here in this large audience.

*But it doesn't look reasonable!* Why, there is a host of things that you believe which are not reasonable, but, having lost their novelty by long familiarity, are no longer questioned. You believe the earth revolves, that eclipses can be foretold, and the comet's fiery tail be measured. You know that fire burns, water runs and poison kills, but the *how* is another question. You believe in the circulation of the blood, and that the oxygen in the atmosphere is necessary to support life, but you have never seen the oxygen or the atmosphere, nor witnessed the blood circulation with the naked eye. Is homœopathy more unreasonable than are these things? Nature is full of small things working ultimate wonders. What of the developmental power of the diphtheritic or scarlatinal exhalation, or of the dormant yellow-fever germ, lurking in the tropics and semi-tropics, and destroying its annual thousands? Or of the poison fang of the venomous serpent, or the deadly

tooth of the tarantula? Or why the demoniac death from hydrophobia, *nine months* after the wound had healed and the affair forgotten? Surely our homœopathic dose is not more mysterious nor subtle than this or any of the illustrations given, the truth of which there is no longer any doubt.

Why Mars is red and Arcturus white, why Jupiter has moons and Saturn rings, I cannot tell, but if you will tell me why the grass grows green and the dandelion yellow, I will explain the laws of nature equal to any other fellow.

POPULAR ERROR NO. 2.

*It'll do very well when you're not very sick.*

This is another popular error, but is found principally among those who have no pronounced opposition to our school of practice. They really think homœopathy will do for a headache, or a neuralgia, or dyspepsia, or some *trivial* affair, but when something serious is the matter you must have *a doctor who gives strong medicine*. If you are very ill, it won't do to trust to Homœopathy.

Never was a greater mistake made, for it is in the management of the very fiercest and most fatal of diseases that we have made our grandest record. Such as yellow fever, cholera infantum, dysentery, pneumonia, croup, diphtheria, spinal meningitis, scarlet fever and all heart diseases. We have statistics to corroborate all this, but the patrons of any Homœopathic physician in your city may be called upon to testify. So successful are our physicians that some of the busiest of us will sometimes pass through a malignant epidemic of diphtheria or scarlet fever without a single death, and many a life have we saved by a timely call when the patient had been given up as beyond the hope of recovery.

POPULAR ERROR NO. 3.

*It works too slow!*

Here the public are all wrong again, as the contrary is really true. So promptly do our medicines act that we often hear the remark that "it acts like a charm," "it works like magic." In neuralgia, sick headache, pain in the side, sick stomach, cramp-colic, convulsions, asthma and croup, where time is everything, Homœopathy shows

its sovereign power and often brings relief in from five to twenty minutes. This is because the minutely divided dose gets into the circulation with greater facility than the large one, and through the nerve centers acts upon the diseased parts only.

POPULAR ERROR NO. 4.

*You must have faith.*

This idea was once much more prevalent than now, and needs but a few words at this time to show the utter absurdity of such an impression.

If our medicine acted only on those who believe in its efficacy, how shall we account for its prompt action on the insane and on infants and on little children, or in the delirium of fever or the unconsciousness of a convulsion? In none of these persons is there any exercise of faith or thought on the subject. Furthermore, I have given medicine many times to persons who said they had no faith and with results equally as satisfactory to the patient and to myself. It has long been my custom to tell my patients that I didn't care whether they believed or not, so they took the medicine as directed.

POPULAR ERROR NO. 5.

*Homœopathy'll do for children—not strong enough for grown folks.*

This is the most common, *not to say proper*, of all the errors charged against the use of our medicines. And it seems to be the most widespread and deep-rooted of any prejudice with which we have to contend. It is not, however, without some redeeming qualities, for it shows that the transition period has been reached, and they, of this state of mind, "are almost persuaded to be" Homœopaths, and that after they have given us their little ones for a longer or shorter time, and they have watched them return to health under our benign medication, they are very apt to try us when they get sick themselves. Yet there are heads of families who constantly employ us for their children and never for themselves, and I know of one family man who employs three doctors—one for himself, another for his wife (both old school) and another—a Homœopath—for his children. It has often been said that man is but

a grown-up child, and as there are no organs in the adult not found in the child, by what a gossamer thread hangs the argument that Homœopathy will do well enough for children but not strong enough for grown people, especially when daily bedside experience proves to the contrary.

POPULAR ERROR NO. 6.

*All a matter of diet.*

This error originated with the self-styled "regulars" who, feeling the necessity of accounting for the alarming spread of our system and its astonishing cures, and knowing what strict dietarians the early Homœopaths were, charged all our successes to the rigid adherence to our *Rules of Diet*; and college professors to this day annually proclaim to classes of medical students that there is no truth in our law of "like curing like." It's all a matter of diet. Prof. Linton, of St. Louis, used to amuse the students every winter by calling the Homœopaths a knavish set of fanatics and visionaries, and saying that there was but one well authenticated cure on record, according to the homœopathic law of *similia*, and would then create a roar of laughter by repeating the famous *bramble-bush eye story*:

"There was a man lived in our town, he was so wondrous wise,  
He jumped into a bramble-bush, and scratched out both his eyes.  
And when he found his eyes were out, with all his might and main,  
He jumped into another bush and scratched them in again."

It is worthy of remark that patients suffering under the severest of diseases are, under our treatment, brought out of danger and into convalescence before the subject of diet has been thought of. We do not deny that proper diet, in chronic complaints, is of great importance, but that our success as practitioners of medicine is *all a matter of diet*, we do most stoutly deny.

POPULAR ERROR NO. 7.

*It is easy to learn; a Book, and a box of medicine is all that is required.*

Because, persons so equipped have palmed themselves off on communities as Homœopathic physicians in good standing, is it fair to say that all our Art is contained in a small work on family practice, any more than it would be for us to claim that a long-haired, cross-roads *rusticus*, with

a pair of tooth-pullers and a pair of saddle-bags, is a fair representative of the learning and skill of the *old-timers*, who arrogate to themselves, all the knowledge of medicine worth possessing among the ancients or moderns?

POPULAR ERROR NO. 8.

*Homœopathic physicians are prescribers only. They have no Accouchers, no Surgeons, or other specialists.*

It is high time that this erroneous impression was banished from the public mind, as there are ten Homœopathic colleges in the United States, in each of which all the specialties are taught, and taught, too, by gentlemen of the very first talents—some educated at home, some abroad. Surgeons, oculists, aurists, and specialists in diseases of women and children, nervous and spinal diseases, specialists in throat and lung and heart diseases, are to be found in all our large American cities, with a clientage of the best classes, and equal in science and the skillful handling of the most delicate surgical instruments to the most brilliant operators anywhere or in any school of medicine. And I am proud to say, that Missouri, in the galaxy of distinguished specialists, is not behind her sister states on the Atlantic border. Within our own ranks there are to be found, and at home, not only excellent prescribers for diseases, but men, competent, abundantly so, to treat successfully any injury or accident, or fracture, or dislocation, or deformity, congenital or acquired. Bear this in mind then, and especially remember that the Homœopathic after-treatment, following surgical operations, is so pleasant and so different from that employed by other operators, that many lives are saved that would have succumbed to the shock of the operation.

POPULAR ERROR NO. 9.

*It wont act after long use of O. S. remedies.*

This is a very grave error, and keeps many middle-aged and old people away from us. After they have shed their teeth as a peace-offering to the Mercurial god, they seem to cling to the hand that so cruelly chastised them. They are “joined to their idols,” but we must not “let them alone.” Many of the more intelligent, however, are now

trying Homœopathic medication, and find greatly to their surprise and delight, that our medicines do act in spite of a life-time use of tonics and aperients, expectorants and anodynes; and in spite of the use of coffee, camphor or cologne; stimulants, vinegar or spices; cupping, scarifying or blistering. Perhaps not as promptly as on little babes, but sufficient to prolong life and to alleviate human suffering.

POPULAR ERROR NO. 10.

*If a Homœopathic doctor gives Quinine or anything bitter or disagreeable to the taste, he is so far practicing Allopathy—have to come to it sometimes!*

This false impression, started by the doctors belonging to the *majority*, has taken a strong foot-hold among the people, and many of our friends think that it is perhaps true. In order to disabuse your minds of this untruth, let me repeat what I said under another paragraph in this address, viz: "That the Homœopath does not stand pledged to any system of dosage, but to the belief that medicines act according to a *curative law*, as immutable as any law of nature, and that when he gives Quinine to cure *the chills*, he practices square Homœopathy, pure and unadulterated, and ought not to be reproached therefor. Furthermore, I claim that every practitioner of the dominant school, who cures intermittent fever with the use of Quinine, practices Homœopathy *and don't know it*. So that instead of our wandering off after strange gods, they are sometimes unknowingly sailing under our banner. For let it be known and forever remembered, that the discovery of the power this South American bark possesses, of producing and also of curing chills and fever, *was and is*, the very foundation and corner-stone of this beautiful temple we call Homœopathy.

POPULAR ERROR NO. 11.

*If a Homœopathic physician has a large and lucrative practice, he is not honest.*

This charge always comes from doctors opposed to us in practice. They cannot believe that any doctor can have such a shining record of cures, unless he clandestinely resorts to their remedies when the patient is really, dangerously ill. And so they industriously noise it abroad



and circulate the slander as the only way to account for the constantly increasing number of recoveries, which they cannot deny.

So far from being true is this charge that the very opposite is the veritable fact, and the very successes which make the Homœopathic physicians so conspicuous are all attributable to his adherence to the law of *similia*. And so it happens that a successful practitioner of Homœopathy is not necessarily leading a life of contemptible hypocrisy.

POPULAR ERROR NO. 12.

*That Homœopathic Colleges are inferior, and that to get a thorough medical education students must pursue their studies in other colleges.*

I am free to confess that popular opinion in this particular was *not* erroneous until within a few years; now, there are no better colleges than the Homœopathic colleges, and none better patronized. Once it was not so. But time has changed all that, and, being personally acquainted with members of the Faculties of all our colleges, from Massachusetts to Iowa, I can assure you that as gifted lecturers and accomplished scholars, they are the peers of any college professors in aptitude for imparting medical knowledge. Our college clinics, our hospital clinics, our dispensary polyclinics, our surgical clinics, eye and ear clinics, and clinics for women and children, and the nervous, are as good and as extensive in some of our colleges as in the oldest of the old. So let this popular *error* that our young men cannot be properly educated at our own medical colleges, be dismissed from your minds as the new era of medical education has dawned; and in schools, colleges and universities we are thoroughly equipped and perfectly independent. Furthermore, many of our most distinguished professors are authors of great volumes, with reputations in medical lore as wide as the earth.

POPULAR ERROR NO. 13.

*Homœopathy is on the decline.*

Many a time and oft have I been asked by intelligent people and by intelligent O. S. physicians if Homœopathy wasn't dying out? That they didn't hear so much said about it as formerly. This, then, is probably a greater



*popular error* than we are aware of, and exists merely on account of lack of information as to our general status in the medical world, and what we are doing in the line of the manufacture and sale of our medicines, the extent of our book-making, and the immense sale of our publications, and the great popularity of our medical journals, and the number and quality of our medical colleges.

Homœopathy dying out! Visit our 10 colleges with 100 professors and 1,000 students, and tell us the signs of decay! Visit our publishing houses in Chicago, New York and Philadelphia and London, and witness great volumes rolling from the busy press; then take a glance at our current literature, medical journals printed in all the modern languages. 1 in Italy, 2 in France, 6 in Germany, 1 in Belgium, 4 in England, 1 in Spain, 1 in Mexico, and fifteen in the United States, and give us your opinion of the decline of homœopathy! Go with me through the hospitals and infirmaries, and dispensaries, and poor houses, and asylums, and sanitariums in the different parts of our country and the old world under homœopathic management, and see how the good work goes on. Then attend the Homœopathic Medical Society meetings in the American cities, the county meetings, the state meetings! Cross the ocean to the French Homœopathic Congress, the British Homœopathic Congress, and then return to see the gathering clans at the Western Academy of Homœopathy, and the American Institute of Homœopathy, and, *finally*, meet the Missouri Institute of Homœopathy here, and you will have been convinced, long before your journey's ending, that the wildest *popular error* of the whole 13 was that homœopathy is on the decline.

Now call the long roll of 7,000 Homœopathic physicians with 350 new graduates added every year, and listen to the responses coming across the earth like the undulating swell of deep-voiced music from Scotland's ancient mountains to the coral strands of India.

Are you not yet convinced? Then call another and a longer roll, and 10,000,000 believers and patrons will join the glad host of the new found Art of Healing, and send the new song echoing round the globe, whose musical

cadence will never die away except to be renewed among the stars.

Homœopathy on the decline! It cannot be. Perish the thought, and let it "vanish like the baseless fabric of a vision."

To the action of Nature's laws there is no ending nor decay. He who taught the bird to build its nest and the violet how to bloom, and placed the Pole-star on the brow of night, also fashioned man in His own image, and did not forget to provide a pleasant way to tide him over to a better land.

---

### *WHY IS ST. LOUIS THE MOST HEALTHFUL LARGE CITY IN THE WORLD?*

---

DR. J. BERRIEN LINDSLEY of Nashville, Tenn., member of the sanitary council of the Mississippi valley, asks the very pertinent question: "How is it that St. Louis is, by its mortality reports, shown to be the most healthful large city in the world?"

The question of Dr. Lindsley, so often asked, is certainly capable of an answer which will perfectly elucidate the causes, and it is worth being answered. In the first place, the geographical position of the city favors its sanitation. Near the centre of a valley extending from the Northwest mountains to the Gulf of Mexico, traversed by an immense and rapidly-moving current of water, which occasions a constant series of atmospheric currents of frequent alternation and in velocity of from five to seventeen miles per hour, weekly mean, the pure, almost frosty, air of the mountains sweeps to the gulf, alternating with the breezes from that warm sea backwards to the North, thus preventing, as a usual thing, any prolonged season of very high or extremely low temperature. It is exceptional that we suffer from prolonged hot or cold seasons, although we may at times have to contend for a short space with both extremes. While this constant aerial movement tempers the atmosphere it serves also to remove constantly the exhalations of a large city, replacing the foul with fresh air, which,

by our systems of streets and alleys, permeates every nook of our domiciles. Our streetage is in excess of any other city. The squares or blocks are small—few larger than three hundred feet square—each square or block intersected by broad paved alleys, which secure free ventilation to the rear of all dwellings.

Secondly, the topographical features of the city are in the main most favorable both to underground artificial and surface natural drainage. From the river front westward the ground rises in gradually increasing series of undulations, the surface of porous clay resting, at varying depths, upon a limestone substratum. The elevations permit of an admirable system of sewerage, which extends to a length of about two hundred miles (the last official report is 195.26 miles), being daily extended. The law requires—and the requirement is complied with—that every house shall be connected with the sewer wherever it can be reached, so that, with few exceptions, and these in the outskirts of the city, all foul matter is washed directly to the river by 25,000,000 gallons of water, which is daily furnished by the water-works, in addition to the varying rainfall.

The natural drainage is favored by our lack of what is called good paving, the loose macadam allowing rapid penetration to the porous clay, through which the water finds ready underground access to the neighboring streams. Besides favoring water drainage, the configuration of the city site, as shown by a physician of our city, favors another very important drainage in the form of surface air currents, diurnal, and especially nocturnal, when the heavier air, falling to the ground, occasions movements which simulate those of fluids, creating, even without wind, constant change, as the heavier atmosphere, sinking toward the lower outlets, is replaced by the lighter, newer air. St. Louis has no need for crowding its population, and does not. There are no underground tenements—those lurking places and breeding nests of diseased minds, morals and bodies, and, indeed, but very few above-ground tenements, such as most large cities are cursed with. Thousands of the laboring class own their homes and, with few exceptional localities, dense crowding is unknown, and even there

it does not compare with what is considered crowding in other cities.

Another most important factor in causing good health is an abundance of water unequalled for healthfulness. It is a common joke for the citizens of the North and East to ridicule the hue that our drinking-water at times possesses; but it is a fact well known to seamen that no water throughout the world is so self-preservative as that which stains the blue waters of the gulf for miles beyond the jetties. A cask of Mississippi water may be traveled a year and at the last be sweet, pure and wholesome. It is consumed at the rate of more than fifty gallons per diem to each person, estimating the population at half a million.

Food of all varieties is abundant, cheap and of the best quality; few markets are better or more lavishly supplied with meats, fish, poultry, game, vegetables and fruits, not only for the rich, but at such rates that the humblest worker may have sufficient.

For our working classes it must be said that as a rule they are temperate and thrifty, the majority looking forward to the possession of house and home.

All these facts furnish sufficient, good and efficient causes for our freedom from epidemics or endemics, favor longevity and healthfulness, and we may confidently anticipate a still further decline in our average mortality.

---

## *THE EFFECT OF TRITURATION ON GOLD AND CHARCOAL.*

---

BY C. WESSELHOEFT, M. D., BOSTON.

---

An article on the effects of trituration, which the writer of the present paper had the honor of presenting as a report to the American Institute of Homœopathy,\* had the effect of stimulating further inquiry into the subject. Although the criticisms were with two exceptions entirely speculative,

\*Microscopic examination of triturated metals, etc. Transactions of the American Institute of Homœopathy, 1878, page 135.

they nevertheless invited a re-examination of the subject, which led to several additional observations and corrections, which I would herewith offer for the consideration of homoeopathic practitioners and students who desire to know something in relation to the dose.

The following article will be a synopsis of the report to the Institute, to which remarks concerning more recent observations will be added, as well as allusions to critical views expressed for and against the subject by various writers.

Hahnemann asserts (*Chron. Dis.*, 2d ed., Vol. I.) that by means of trituration with non-medicinal powder, *i. e.*, sugar of milk, certain hard and insoluble substances "undergo a change in their physical and chemical behavior," which renders them "entirely soluble in water and alcohol after they have undergone the change under trituration."

It was for the purpose of observing these asserted physical changes that the microscope was resorted to as the handiest and most available instrument for that purpose; for by its means we ought to be able to detect whether "the changes produced by protracted trituration would prove to be so incredibly great as to border upon the wonderful,"—that is to say, whether they would warrant us in assuming the solubility of these substances in water or alcohol. This is the meaning of Hahnemann's proposition. At his time, the assumption of a transcendent degree of subdivision by trituration was quite admissible. The clinical test seemed to support the hypothesis sufficiently, while microscopic tests were not then, though they might have been, applied.

No estimate can be formed as to the degree of subdivision of matter which Hahnemann assumed to take place, and designated as "wonderful" and "incredible." As will be shown in the following pages, the limit of division by trituration of hard, insoluble substances is from 1-1800 to 1-3000 of a millimetre. At Hahnemann's time this might have been called incredibly small; but at our time we are not warranted in assuming that this size of particles of matter would subvert the laws of chemistry or physics. Hahnemann probably had in mind a degree of subdivision approaching the liquid or even gaseous form, in which case solubility in water or alcohol would have been to a certain

extent, possible. It is not difficult to show that such a degree of expansion of surface is not reached by trituration with sugar of milk.

This is a question of pharmacology alone, and is one that every faithful homœopathist should assist in determining. For the purpose of inviting and aiding examination, it will be proper to describe the means to accomplish the purpose.

THE USE OF THE MICROSCOPE AND MAKING PREPARATIONS.

In the article referred to, I stated that magnifying powers of from forty to fifty diameters ( $\frac{1}{2}$  inch objectives) would show most particles we are able to produce, and that moderate magnifying powers, from one hundred upwards, would exhibit the limit of trituration. I have not found occasion to retract this statement, but would now lay more stress on the necessity of using high amplifications, from one thousand to three thousand, and higher if possible. Accurate measurements can only be made during the greatest possible amplifications of the object, because small objects, though very distinctly seen (though perhaps not defined), admit only of a more or less accurate estimate, according to the number of particles which may lie between the lines of the micrometer. The cobweb micrometer will give much more exact measurements of highly magnified particles; and we may use the highest magnifying power that will furnish a sufficiently clear outline of the edges, regardless of definition of structure.

I have during my first researches made use both of direct and transmitted light. The latter I have mentioned in numerous places, yet some readers have supposed that I had used direct light exclusively. For the purpose of definition of opaque substances, direct light is indispensable, as in case of the metals, charcoal, etc. If examined by transmitted light, we shall have to guard against the error into which Dr. O. Buchmann\* has fallen, of regarding them as transparent; an appearance which is very closely simulated by the well-known phenomena of diffraction. This can readily be guarded against during the use of high powers,

\*Allgem. Homœop. Zeitung, Vol. XCIX. Nos. 1 to 12.

by carefully adjusting the thickness of the glass cover to the capacity of the ocular, either by measuring the latter or making use of the screw collar to obtain accurate adjustment, position of mirror, etc.

The sugar of milk, though hard to get rid of when we are unfamiliar with its action in the beginning of our researches, is less formidable when we have become acquainted with it. The following are the best methods of preparing triturations for microscopic examination:—

1. By dissolving a portion of a grain of a trituration upon a slide, and slowly drying it till it is transparent like varnish. This will show all triturated particles of matter in a state of rest.

2. Balsam-mounted preparations are indispensable, if we wish to view particles separated and unconglomerated; especially pure precipitates of metals and powdered silica, glass, etc. Triturations may also be examined this way, as balsam causes the sugar of milk to vanish, and to bring out opaque particles.

3. Crystallization of triturations upon a slide under a cover causes perfectly clear spaces to appear, upon which the particles of metal, etc., may be distinctly seen.

4. By dissolving a particle of a trituration upon a slide, in a drop of water warmed over a spirit lamp. Beneath a cover this will exhibit all non-soluble particles of triturated matter absolutely free from sugar of milk, but disturbed by molecular motion and capillary currents.

These may be examined with transmitted and direct light, clear white daylight, or direct sunlight, applied with or without condensing lens. Oblique direct sunlight is very advantageous in many cases.

Those substances which have been described in my first essay on this subject will be but briefly mentioned here, for the purpose of modifying or making additions to previous statements. In this connection it is necessary to remark that my observations related to triturations made in the *centesimal scale*, which is the one originally recommended by Hahnemann, and that which, in its third degree, is assumed to admit of solubility. Those who repeated or attempted to criticise my observations from the standpoint



of rigid Hahnemannians have invariably employed triturations in the *decimal* scale, which, though preferable in other respects, cannot properly be used to refute observations made upon the standard *centesimal* triturations; for, as I have shown, the less vehicle we use the more even and rapid is the comminution of metals, etc.

The observation applies most particularly to *leaf gold*. This is the most difficult to bring to an evenly fine degree of subdivision by hand trituration, the method mostly employed since Hahnemann's time. Dr. J. Edwards Smith, of Cleveland, has shown\* that triturations made by machines are of much more uniform fineness and evenness of subdivision. The triturations made by hand contain a very great number of exceedingly large and uneven particles, especially where they are prepared in the centesimal scale. When less sugar of milk is used, the uniformity in size is more marked.

Triturations of the centesimal scale show particles up to the VI., but it must be remarked that it is extremely difficult, and requires long and patient labor, to discover them beyond the III., and that it is much easier to examine triturations of the decimal scale.

When all particles thus found in the three successive triturations are properly measured, but a very slight difference in size will be detected, where a great and progressive comminution had been assumed. We find that in the first trituration some of the gold has already attained its minutest subdivision.

In the first essay, I did not state this accurately, giving the dimensions from 1-25 to 1-400 millimetre. I would here correct this statement by adding that even leaf gold can be made to reach a minuteness of 1-1800 to 1-200 of a millimetre. Such particles are less frequent in the first than in the third trituration, and more numerous in decimal than in centesimal triturations. In those measured by Dr. J. Edwards Smith, the particles of leaf gold are somewhat smaller than according to my measurements.

It will be found upon comparison that the minutest particles of leaf gold are of the same average size as those of

\*Forthcoming Transactions of the American Institute, 1879.



precipitated gold. At the same time, it is a remarkable fact that the smallest particles of other precipitated metals are equal in size to the particles we are enabled to reach by mechanical subdivision. Leaf gold appears in the form of flat pieces with jagged edges, down to the smallest particles, which are more or less spherical in shape, like those of precipitated gold. The yellow, metallic lustre of gold can be distinctly seen, even in small particles, by means of direct oblique sunlight, or by means of a condenser and good daylight. An immersion objective (1-10 to 1-15) affords an excellent means, not only of seeing the color, but of defining the smallest particles.

Precipitated gold, no matter how long subjected to trituration with or without sugar of milk, does not exhibit the least sign of higher comminution, as stated by Dr. O. Buchmann, who believes that the particles are still more reduced by protracted trituration. Through the kindness of Messrs. Otis Clapp & Son, I obtained the first trituration of precipitated gold, which had been ground for three consecutive hours. This preparation, examined by means of transmitted as well as direct light, under low, medium, and high powers (1,100 diameters), did not show the least variation in the size of its particles from those of untrituated precipitate, nor from the smallest particles of leaf gold, both measuring 1-2000 to 1-1000 millimetre. There is no gradual diminution down to indefinitely small particles, as would naturally be the case if further reduction took place. The limit is clearly defined and easy to see, as will be demonstrated. The particles of the III. do not vary in size from those of the pure precipitate. These, when thinly scattered on a slide without glass cover, and by using direct oblique light, are seen to be oval or spherical, many grouped together like heaps of shot. On one side they are brightly illumined by the oblique light, showing golden lustre, while the side removed from light has feeble lustre or is nearly dark, giving the appearance of hemispheres or little crescents. A great deal has been said by one of my reviewers, quoted above, about transparency of trituated substances. Gold was by him described as transmitting bright green light; charcoal, he

said, not only transmitted blue light, but was clearly transparent like crystals of soda or glass. It is well known that gold leaf beaten out to the thinness of 1-20000 part of a line transmits green light, when a sheet of such gold is held up to the sunlight; silver under similar circumstances transmits bluish light, an appearance readily confirmed by gold beaters; but none ever saw it colorless and transparent like glass. Although the fineness we are able to obtain is equal to that which is known as translucent, this is not exhibited under the microscope by the spherical particles; where the principle of diffraction on the one hand, and on the other hand the minuteness of rays which might possibly be transmitted, prevent the perception of translucency. Even glass and other actually transparent bodies, *in finest subdivision*, are only microscopically translucent not transparent.

With regard to gold and copper, there are microscopic appearances which resemble faint translucency of larger particles. This deceptive appearance is, however, easily dispelled by cutting off the transmitted light which ought to, but does not, change the translucent appearance produced entirely by diffused light. The ring-shaped whiteness and apparent transparency of coal is owing entirely to imperfect focusing; correct focus (by adaptation of cover to objective by screw collar or measurement of cover) always exhibits the smallest particles as sharply defined dark dots or points.

CHARCOAL.—This substance, from the I. to III. centesimal triturations, according to my first measurements, yielded particles varying from 1-40 to 1-1200 millimetre. Specimens of triturations carried on for thirty hours by machine did not exhibit any further reduction. Pure charcoal, however, trituated only forty-five minutes, proved the great majority of particles to have been reduced to 1-1800 and 1-2000 millimetre, thus furnishing strong evidence that the intervention of sugar of milk prevents the rapid and complete reduction of hard substances.

I stated that the particles of coal of 1-1800 millimetre could be seen at an amplification of fifty-five diameters. I have since verified this observation frequently. Let us sin-

gle out or "spot" a particle of coal under a high power, then apply a low power, and we will see it minutely but sharply.

Buchmann, who saw "indefinable shadows" and particles as transparent as glass, states\* that particles of 1-1000 millimetre are already transparent. Such a statement is only to be accounted for by the improper use of his instrument, as well as faulty interpretation. He admits, however, that the particles of the triturations do not exceed in minuteness those of pulverized pure coal. He draws his conclusions from observations upon *decimal* triturations, on which account he finds fewer very coarse particles than I did in the *centesimals*, in the first of which the extreme minuteness of particles is already reached. By Dr. Buchmann's measurements the dimensions of the smallest particles of coal are 1-1000 to 1-2000 millimetre, although he intimates that smaller ones exist in the form of "gray shadows," forgetting that it is possible and very easy to define much more minute objects.

Mr. A. W. Haupt, an expert of unquestioned authority, who also examined charcoal,† finds that particles of the I, to III. decimal trituration range from 9-100 to 1-2000 millimetre.

My own observations with the centesimals fall below those figures, but I am quite ready to concede the difference.

Molecular motion is of course observed in this, as in all other finely divided substances, and is set up as a theoretical proof of the solubility of charcoal in water and alcohol.

More of this hereafter.

---

### *FIFTH ANNUAL MEETING OF THE MISSOURI INSTITUTE OF HOMŒOPATHY.*

---

As previously announced the Missouri Medical Institute opened its Fifth Annual Session in the Congregational Church yesterday morning. The meeting was called to order at 10 o'clock by the Vice-President, Dr. D. T. Abell,

\*Allgem. Homœop. Zeitung, XCIX., 5, page 35.

†Allgem. Homœop. Zeitung, XCVIII., No. 20.

of Sedalia. Prayer was offered by the Rev. A. Leonard. There were present the following doctors: D. T. Abell, Sedalia; P. G. Valentine, J. M. Kershaw, Jas. A. Campbell and William Collisson, of St. Louis; C. J. Burger, Boonville; Elgin Schmidt, Quincy, Illinois; C. C. Wakefield, Monroe City; H. W. Westover, St. Joseph; N. Zilliken, Milton, Illinois; J. W. Primm and W. D. Foster, of this city. Reports were read and others made, and after formal business had been transacted the bureau of prevailing diseases was called and interesting reports were given from various parts of the country, all flattering to Homœopathy. This morning was consumed in discussing questions arising under this bureau.

The afternoon session opened with a paper on "Spots before the Eyes," by Dr. Campbell, which was illustrated by drawings on the black board. This led to a discussion in which Dr. Collisson and Dr. Campbell related some extraordinary instances. The following papers were then presented by Dr. Kershaw, Chairman of the Bureau of Clinical Medicine: On the Gymnastic and Postural Treatment of Spinal Curvature, by Dr. Kershaw; on two Cases of Death from Fright, by Dr. Valentine; On Hydrocephaloid Disease, by Dr. W. A. Edmonds; on Ischias, by Dr. D. V. Vansyckle, Canton, Ill.

The next bureau was that on legislation, education and statistics, which called forth papers from Dr. Burger and Dr. Abell. These were very entertaining, and only want of space prevents a full report. They developed the fact that America has 84 medical colleges, England 4, and Germany 27; while there is one doctor to every 600 people in the United States, one to every 1,200 in Canada, to 1,672 in England, to 1,814 in France, and to about 3,000 in Germany.

After miscellaneous business an adjournment was had to this morning, June 3d.

#### THE ADDRESS.

was delivered in the lecture last evening by Prof. Philo G. Valentine, A. M., M. D., of St. Louis. He took as his subject.

#### POPULAR ERRORS CONCERNING HOMŒOPATHY.

The speaker began by calling attention to the great revival

of learning at the close of the last century when Hahnemann promulgated the system of Homœopathy and discovered a law of nature capable of scientific demonstration. Homœopathy is an outgrowth of the dissatisfaction at the results of the old school and a popular cry for a better healing. It cures not by accidental experiment, circumstance or good luck, or by faith or restriction to any diet, but by the action on man of drugs by an unerring law known as the therapeutic law, which is the mode in which remedies act when applied to the treatment of disease. Homœopathy did not flourish in its native land, but being transplanted in America it has grown luxuriantly. It has everywhere met severe opposition, villification and ridicule, until it thrives upon them. It reached Missouri in 1844 through the aid of that noble and learned man, Dr. John T. Temple, of St. Louis, who spread a knowledge of it over all the western country. While Homœopathy is growing, there are many errors current concerning it, due in part to the ignorance of people, in part to the envy of its opponents. These errors may be classified as pertaining to the physicians and system, as follows:

1. They do not give medicine enough. This is the old story. Homœopathy is a guide to the selection of the right remedy and not to the selection of the dose. A slight dose may cure and cannot hurt. A strong dose will aggravate disease if right and create disease if wrong. The doctrine of medicinal affinity explains the potentism of right small doses and the nihilism of the wrong.

2. It will do very well when you are not very sick. This is a grave error. The greatest success is met in the treatment of the fiercest diseases.

3. It works too slowly. This is absurd, as the minutely divided dose gets into the circulation more readily than the larger one.

4. You must have faith. The fact that Homœopathy has won its most signal victories in spite of the fiercest opposition is proof that it works by law and not by faith.

5. Homœopathy will do for children; it is not strong enough for grown men. This goes on the assumption that man's nature is unlike the child's.

6. It is all a matter of diet.
7. It is easy to learn; a book and a box of medicine is all that is required.
8. Homœopathic physicians are prescribers only; they are not accouchers, surgeons or specialists.
9. Homœopathy will not act after the patient has long used old school remedies.
10. If a homœopathic physician gives quinine or anything bitter or disagreeable, he so far practices allopathy.
11. If a homœopathic physician has a large and lucrative practice, he is not honest.
12. That homœopathic colleges are inferior, and to get a thorough education one must go to other colleges.
13. That Homœopathy is on the decline. The answers to these errors were generally flat denials based on facts patent to all and on actual experience. In disproof of the last assertion, the lecturer noted that they had ten colleges, one hundred professors and one thousand students devoted to Homœopathy in this country, with publishing houses in Chicago, New York, Philadelphia and London, a medical journal in Italy, two in France, four in England, one in Belgium, six in Germany, one in Spain, one in Mexico, fifteen in the United States; also in this country 7,000 physicians, 350 new ones each year, and 10,000,000 believers and patrons.

The lecturer held the closest attention throughout.

SECOND AND LAST DAY OF THE MEDICAL INSTITUTE.

The Institute met yesterday morning at 9 o'clock. The president appointed the following delegates to the American Institute, Drs. W. D. Foster of Hannibal and H. W. Westover, of St. Joseph; to the Western Academy, Drs. C. J. Burger and D. T. Abell; New York, Dr. W. C. Richardson, St. Louis; Pennsylvania, Dr. W. L. Hedges, Warrensburg; Illinois, Dr. N. Zilliken; Wisconsin, Mrs. S. J. Johnson, M. D., St. Louis; Kansas, Dr. H. W. Westover; Iowa, Dr. S. B. Parsons; Nebraska, Dr. W. G. Hall; Ohio, Dr. J. M. Kershaw; Indiana, Dr. D. D. Miles; Michigan, Dr. E. C. Franklin; Minnesota, Dr. J. W. Primm, Hannibal; Kentucky, Prof. P. G. Valentine; Tennessee, Dr. J. C. Campbell.

Mrs. M. B. Pearman, M. D., of St. Louis, was elected a member of the Institute.

Dr. Foster presented a report of the bureau of surgery, which was very profitable to the auditors, as it concerned specific ills and their cure.

The next bureau was that of obstetrics, which was fruitful in discussion, leading to a question of the value of Koumiss in dyspepsia, which was generally approved.

The Institute then adjourned to 2 P. M.

The afternoon session opened with attention to finances, followed by the election of officers as follows:

President—D. T. Abell.

Vice President—C. J. Burger.

Secretaries—W. D. Foster, re-elected, and H. W. Westover.

Treasurer—Philo G. Valentine.

Board of Censors—J. M. Kershaw, H. W. Westover and J. W. Primm.

Sweet Springs was chosen as the place for holding the Institute next year.

The time was left to the executive committee.

The following bureaux were then appointed.

Clinical Medicine—Drs. Philo G. Valentine (chairman), N. V. Wright, W. Collisson, John Hansam, R. C. Runner, L. E. Whitney and J. C. Cummings.

Surgery—Drs. W. D. Foster (chairman), S. B. Parsons, E. C. Franklin, A. S. Everett, R. W. Carr, H. W. Westover and E. A. Griveaud.

Gynæcology—Mrs. M. B. Pearman, M. D., (chairman), Drs. Josie Johnson, C. J. Burger, W. Collisson, and W. D. Foster.

Climatology—Drs. J. C. Cummings (chairman), W. G. Hall, W. L. Hedges, H. P. deVol, S. G. Merrill and D. V. Vansyckle.

Ophthalmology and Otology—Dr. J. A. Campbell, chairman.

Psychological Medicine—Drs. J. M. Kershaw (chairman), P. G. Valentine, D. T. Abell, L. E. Whitney, W. D. Foster, J. C. Burger, and H. W. Westover.

Obstetrics—Drs. H. W. Westover (chairman), W. C.



Richardson, W. H. Jenney, W. G. Hall, J. W. Primm, F. T. Knox and D. D. Miles.

Pædology — Drs. W. A. Edmonds (chairman), Peter Frohne, Charles Gundelach, G. W. Barker, Josie Johnson and Peter Baker.

Materia Medica—Drs. J. W. Primm (chairman), W. L. Hedges, A. Uhlemeyer, W. B. Morgan, P. Baker, and L. J. Ingersoll.

Provings—Drs. N. Zilliken (chairman), W. H. Jenney, H. W. Westover, D. T. Abell and L. E. Whitney.

Education, Legislation and Statistics—Drs. C. J. Burger (chairman), P. G. Valentine, D. T. Abell and J. M. Kershaw.

The following resolutions were then offered and adopted:

*Resolved*, That in the opinion of this Institute, the cause of homœopathic medicine would be advanced by our college adopting a graded course of instruction; that we, as a society, approve of the course of the Missouri Homœopathic College in organizing a board of trustees apart from the faculty; that we, as a society, would most respectfully advise said college to appoint a board of examiners apart from the teaching faculty, whose duty it shall be to examine and pass upon all applicants for degrees; that, as a society we would urge upon the faculties of all schools the importance of a higher standard of educational requirements, and would advise an examination of the applicant before allowing him or her to matriculate.

MANY THANKS.

*Resolved*, That this society tenders its thanks to the Rev. A. Leonard for opening its session with prayer and for the interest manifested by his presence.

*Resolved*, That the Missouri Institute of Homœopathy tenders its thanks to the trustees and members of the Congregational Church of Hannibal, Missouri, for the use of their parlors during its session.

*Resolved*, That this society tenders its thanks to Drs. Foster and Primm for their courteous entertainment of the society.

*Resolved*, That the thanks of this Institute are hereby offered to the officers of the M., K. & T. railway for generous reduction of fare to delegates to this body.



*Resolved*, That this society offers its thanks to the "Clipper-Herald for its generous published report of our proceedings, and that a copy of this resolution be sent to the editors.

Thereupon the Institute adjourned.

W. D. FOSTER, M. D., Secretary.

HANNIBAL, Mo., June 4th, 1880.

---

## CLINICAL REMARKS ON THE SUBJECT OF AFFECTIONS OF THE HEART.

---

BY DR. MARTINY.

---

[Translated by Roswell D. Valentine, M. D., Vermont, Ill., from the "Revue Homoeopathique Belge."]

**OBSERVATION 1.** In the month of December, 1874, M. le Baron de X., aged 57 years, came to consult me for palpitations of the heart, which had tormented him for a long time. He had felt his own pulse at several returns, and had discovered frequent intermissions; about two o'clock in the morning he was awakened by palpitations with cephalalgia, and could fall asleep again only towards five or six o'clock. Formerly he had been attacked with an obstinate tetter of the scalp, which had been treated by *Rob Boyveau Laffeteur*, and with alkaline baths, and at the beginning of the month of October, he had had a sort of attack of gout of the feet.

The precordial dullness is nearly normal; the apex beats outside of the line of the nipple, but the cardiac impulsion is strong; a rough systolic bellows sound, audible particularly about the apex; frequent intermissions; the patient complains of dyspnoea in ascending the slightest declivities; no precordial pains; pulse rather small.

The treatment consists in the use of *aconite* 6th, and *arsenic* 30th; one drop of *acon.* 6th, in three spoonfuls of water. one spoonful in the morning, the second towards noon, the third in the evening. The next day one drop of *arsenic*, 30th, in the same manner, and so on, alternating the two remedies from day to day. In the month of February, 1875, the amelioration was already very notable, but until

the month of April it underwent a period of arrest. I then administered *acon.* 3<sup>rd</sup> and *arsen.* 6<sup>th</sup>, a new amelioration, which continued until the middle of the month of June. The patient was much better; he believed himself cured; the intermissions were very rare, but the bellows sound, although much more soft, persisted; the cardiac impulsion was still quite strong; some gastro-hepatic phenomena having supervened, I substituted *lycop.* 30<sup>th</sup> for *arsen.*, a treatment which the patient followed till towards the end of August. Then, feeling himself well, he suspended his visits till February, 1876. He then came to me quite seared, saying: "The tetter in my head has reappeared." There was indeed an eczematous scab on the top of the head, but on the part of the heart, no abnormal symptoms; the beats appeared to me still too strong. Prescription: *acon.* 6<sup>th</sup>, the first day; *lycop.* 30 the second day, and so on. In the month of April the eczema had much diminished; it annoyed the patient very little, who ceased all treatment. I saw him again a short time ago; there was still to be seen the trace of the eczematous incrustation, which itches from time to time. But of the cardiac affection, there remains no trace.

We had to deal in this case with a lesion of the mitral orifice. It matters little for the clinic to be precise, if there were rather insufficiency than diminution, or if there were even co-existence of the two lesions, which happens almost always, but the point the most interesting, was to find out what was the profound and distant cause of the malady: "Affections of the heart, says Dr. Joussett, professor of the medical clinic at the Homœopathic Hospital of St. Jacques, are almost always symptomatic; they belong in general to the rheumatisms, to gout, to hemorrhoids and to herpes." These are the ideas which have placed us on the course to be followed in the treatment of our patient; the principal medicine, *arsenic*, is adapted to the herpetic element; it is the great medicine for herpes.

*Aconite* resisted here the quick impulsion of the heart; it calmed the palpitations. *Lycopodium* has probably acted by virtue of following *arsenic*. "Lycopodium," says Dr. Hughes, "develops upon all the integument a chronic

inflammation, but more especially upon the hairy scalp." Nevertheless, it is a remedy too often lost sight of in cardiac affections; *lycopodium* is not only an anti-herpetic, but it is also very efficacious in many arthritic symptoms; on another hand, the action of this remedy in affections of the digestive tube is very marked, but it must not be forgotten that gastric sufferings may have painful reactions, functional or otherwise, upon the central organ of the circulation, through the medium of the cardiac filaments of the pneumogastric nerve.

OBSERVATION II. Mlle. X., aged 12 years; had been attacked at the age of 9 years with acute articular rheumatism, which had confined her in bed for more than six weeks. In the course of this disease leeches had been applied, and a blister over the præcordial region. Although restored from her rheumatism, she was suffering with very violent palpitations of the heart, especially when she hastened her steps, or when she ascended stairs. She had been treated for these palpitations by allopathic physicians, who had obtained little results, and who had finished by saying to the mother that it was useless to continue treatment. Her young daughter, they said, had an affection of the heart, the result of her rheumatism, but little by little this lesion would diminish; it would set up a sort of compensation, they had recommended that the patient should avoid all rather quick movements; she should be withdrawn the most possible from all exertions.

All treatment had then been discontinued for more than a year, and the palpitations instead of diminishing, were increasing as well as difficulty of breathing. Then the mother brought me her child the 21st of February, 1878. The cardiac impulsion was very forcible; the stethoscope was strongly elevated at each beat with a certain degree of purring; at first it was difficult to estimate the abnormal sound, because there were at the same time blowing sounds and friction sounds; an intense blowing whose maximum intensity was found near the apex of the heart, covered all the systole. The second sound was nearly normal; the clatterings, however, a little dull; the pericardiac friction resembled rather a sort of scraping. I diagnosticated an

endo-pericarditis with the principal lesion situated in the mitral valve. The mother said to me: "For a year the condition of my daughter has grown considerably worse; that is why I to-day apply to homœopathy."

Prescription: The first day, *kali hydriodicum* 3<sup>rd</sup>, one drop in three spoonfuls of water; one spoonful in the morning, one towards noon, one in the evening; the second day, *kali bichromicum*, 6<sup>th</sup>; one drop in the same manner; the third day, *spigelia*, 3<sup>rd</sup>, one drop—and so on, alternating the three remedies. At the end of a month there was already a certain amelioration. The treatment was thus continued till October, the patient growing better and better. There supervened then a delay in the improvement, for which *pulsatilla* 6<sup>th</sup>, administered the fourth day in alternation with the three other remedies, was the proper thing. The amelioration then made considerable progress, and in the month of May I ceased all treatment; the friction sound had totally disappeared, and the systolic bellows sound was scarcely audible. I have lately seen the patient again; the first sound remains a little dull, lightly blowing; no more difficulty in breathing; no palpitations.

*Spigelia* is a very important medicine in cardiac affections, particularly when they are of a rheumatic nature; it is peculiarly applicable in acute cardiac accidents which supervene in the course of acute articular rheumatism, alternated with *aconite*, it gives them the best results. In reference to endocarditis, which so often complicates acute articular rheumatism, and which has sometimes such fatal consequences, I have often asked myself what course ought the practitioner of the old school to pursue in this grave occurrence. Plainly, he ought to be in very great perplexity. Will he follow the counsel of Jaccoud or of Peter? Will he stand by the advice of Niemeyer or of the English physicians?

Let us take the advice of these recognized chiefs of the allopathic school. "Against the fever of articular rheumatism," says Peter, "you have seen me employ with *all* our patients, the *sulphate of quinine*. It is here a good medicine, preferable to all the doubtful ones. As for believing (many authors claim it however) that the *sulphate of*

*quinine* may be the cause of the development of cerebral accidents, it is an opinion as unjust as it is little sensible."

"Against the endocardiac manifestations," continues Peter, "I employ, after the example of Bouillaud, the revulsion local medication, which acts by reflex action upon adjacent organs, and by virtue of this a sort of harmony is restored between the containing and the contained." This is a very sad reason for justifying the cupping glass, leeches, blisters, etc.

"For my part," says Jaccoud, "after a great number of comparative trials (the poor patients!), I have settled for three years upon another method" (that of *digitalis*, which is the most in fashion).

The method of Jaccoud consists in the administration of *tartar emetic*, in large doses, in order to have not an "action contra-stimulating," but "an action powerfully evacuating." After eulogizing this beautiful method, which has given him, he says, the best results, Jaccoud adds: "*Calomel* in fractional doses, the application of the mercurial ointment over the region of the heart, have never given me the favorable results which the English physicians have attributed to them.

Do you see the perplexity of the practicing physician, placed between *quinine*, *digitalis*, *tartar-emetic*, and the different revulsions, then mercurial ointment, *calomel*, etc.? But let us consult Niemeyer: "If it is true," says he, "that the morbid indication (in endocarditis) calls for the antiphlogistic method, we ought here to remember anew that the greatest number of "antiphlogistics," and, before all, blood-letting, wrongly bear this name, although in inflammations, one may sometimes be forced to have resource to them. There does not exist, perhaps, any malady where blood-letting, ordered without particular motive, as well as the employment of *calomel* and the mercurial ointment "in order to diminish the plasticity of the blood, offer more *danger* than in endocarditis, whatever the French and English physicians may say about it; and we ought absolutely to stand by the advice of Bamberger, who thinks that most patients dying in the course of endocarditis itself, *have succumbed, not to the disease, but to the treatment.*

Even local blood-lettings ought to be applied only in cases where there exist pains in the region of the heart, and then we have mostly always to deal with some complication. For which there is finally the employment of cold, of which we make as large use in inflammations of internal organs as in those of external organs. We do not have resource to it in endocarditis, unless the exaggerated activity of the heart may make it our duty; we avoid it so much the more willingly, since cold, applied at the same time upon inflamed articulations, procures, according to our experience, only feeble and momentary ease in acute articular rheumatism. After this, if at the present day, the pleximeter and the stethoscope permit the recognition of more cases of endocarditis, which formerly would have escaped our diagnosis, the treatment, alas! is not more advanced; and, moreover, if the proof of the existence of this disease is to cause the physician to act with energy, *it would be better for the patient if his physician should not know how to auscultate.*"

What do you say of it: is it not the case of repeating with Petroz: "Poor physicians, poor patients!" This would be burlesque, if it were not sad!

How is it? Here is a physician, who ascertains the beginning of an endocarditis, an affection not only grave for the moment, since it may cause death rapidly, but certainly calamitous for the future, since it will be fatally followed by an organic affection of the heart, and allopathic therapeutics leaves its adepts in such an alternative: "Take digitalis," say certain authors. "No, it is tartar-emetic," exclaims Jaccoud. "It is the sulphate of quinine and the revulsives," sharply replies Michel Peter. "It is mercurial ointment and calomel," claim the English authors. "None of these remedies are good," says Niemeyer; with Bamberger "you would risk killing your patient; rather fold your arms; the patients who die of endocarditis in the course of articular rheumatism, succumb victims of the treatment!" Is it not lamentable?

DR. MARTINY.

(To be continued.)

### *HOW TO KEEP COOL AND HEALTHY.*

---

One of the best plans is to pack a small trunk of necessities early in June, and with your wife and children, or lacking them, with some genial soul take passage on one of the cool steamers leaving for Minnesota three times a week.

Rest and change of scene and climate is what every one needs and should have every twelve months. On board a passenger steamer your vacation and rest begins at once.

The scenic change is constant, ever growing more interesting as the steamer ploughs its way through the bright water to the cool North.

The expense of such a trip is smaller than that of any other offered the public. Twenty-eight (\$28.00) covers all the outlay for the round trip; St. Louis to St. Paul or Minneapolis and return. Meals, stateroom, transportation and everything for a trip to and from health-giving Minnesota.

The Keokuk Northern Line Packet Co., every Tuesday, Thursday and Saturday start a sidewheel passenger steamer from St. Louis for St. Paul and intermediate points.

Round Trip Excursion Tickets at low rates are furnished at

114 NORTH FOURTH STREET.

Remember too, that return tickets via river, rail or lake can be had. The company publish a book called "The Upper Mississippi," for free distribution, giving full information as to routes, rates, etc. Call or address Fourth street office.

JAS. A. LYON, Gen. Pass. Agent.

## *THE WAY TO THE SUMMER RESORTS OF THE NORTH-WEST.*

---

Invalids and summer resort-seekers now acknowledge the Chicago, Burlington & Quincy R. R. to be the Old Reliable and only direct route for Minnesota's cool and refreshing lakes known as "The Iowa Route." This line runs Pullman Sleeping Cars through without change, and passes through the thickly-populated and improved portion of Illinois and Iowa, and enters Minnesota at Albert Lea, at which place tourists can enjoy a few days on the placid waters of Clear Lake, six miles distant from Albert Lea. Special inducements of the twin-cities Minneapolis and St. Paul and also Lake Minnetonka, with its large expanse of water and hotel accommodations attract the pleasure-seeker to enjoyments, surpassed by none of the summer resorts.

Excursion tickets are on sale at the headquarters of these famous resorts, No. 112 N. Fourth St., St. Louis. This line, the Chicago, Burlington and Quincy R. R., is also the direct line for all points in Colorado, Montana and California. Round-trip rate to St. Louis and Minneapolis, good till Oct. 31st., \$24.00.



### PATHOMANIA.

---

BY J. T. BOYD, M. D.

Many writers use the words Pathomania, Oinomania, and Dipsomania, as synonymous terms, signifying the same disease; but there is a difference in all these diseases, while there is much in common. In all there is the insatiable thirst for alcoholic beverages.

In Dipsomania, as the word signifies, there is a *thirst* mania, or an inordinate desire for stimulants, without other emotions.

In Oinomania, or *wine* mania, as the word indicates, there is the same inordinate desire for stimulants, and an increased desire for sexual indulgence. The whole man is given up to sensuality.

In Pathomania, from *pathos*, a disease and mania, there is a morbid perversion of the natural feelings, affections, inclinations and moral disposition, caused by the habitual use of alcoholic beverages; or it may be inherited from parents who have been habitual drinkers of spirituous liquors.

As this is an inherited disease, as well as a disease produced by voluntary spirit drinking, it becomes very important to the practicing physician: First, lest he, by recommending the use of spirits to his patients, and thereby inducing the appetite that leads to this mania; and, second, because of its transmissibility, it renders the person *non compos*; and it then becomes a question in medical jurisprudence, that physicians, as adepts, may be called upon to decide the amount of responsibility that may be attached to the person guilty of a criminal act. Third, because that, if it is a disease, as it is now admitted by the best modern medical jurists, we, as physicians, should have well-defined views on the subject, and be prepared to successfully treat it.

In *pathomania* there is the morbid perversion of the natural feelings and affections. This is manifested every day. We see in our daily papers where the husband murders a fond and loving wife, the father murders his helpless child, and the mother destroys her beloved offspring; all while under the influence of this disease produced by spirituous liquors.

Like all other species of mania, the maniac imagines that his best friends, his wife and children that he loves almost to adoration, are his worst enemies, and become in his diseased imagination, his bitterest foes, on whom he wishes to wreck his vengeance.

John B. Gough, in a recent speech in Steinway Hall, said: "A man returned to his home one day drunk. His little son toddled to meet him with childish welcome. Had the father been sober, the child would have been clasped to his breast. As it was, he took up the little thing in his frenzy, and threw him through the window. There lay the little child amongst the stones and dirt and broken glass, covered with blood, with both thighs fractured. This horrible scene is but the natural effect of this vice of spirit drinking.

"Young man, if you wake up in the morning after a night's debauch, and cannot remember how you came to bed, or what occurred the previous night, go down on your knees, and thank God if you have not done some horrible thing that might be a miserable recollection for you all your life."

As this is the common effect of alcoholic liquors, it is then of the utmost importance that physicians should avoid administering this article, or favoring its use, lest he should sow the seed that may grow and ripen into some hellish fruit.

Dr. Rush, that good and conscientious physician, once remarked to a patient who wished to have his medicines given in spirits: "No, sir; no man shall meet me at the bar of God, and charge me with making him a drunkard, by giving him medicine in alcoholic liquors."

The united voice of the profession is against the use of alcoholic liquors as depressive stimulants.

Not long ago the papers mentioned a case where a father, while under the influence of liquor, seized his infant child, and dashed out his brains, and threw him into the fire.

A few years ago the "The American Medical Association" (Allopathic) passed the following resolution:

*"Resolved,* That the members of this Association shall

discontinue the use of alcohol as a stimulant in the practice of medicine."

The Medical Society of the State of New York (Allopathic) passed this: "*Resolved*, That, in view of the ravages made upon the morals, health and prosperity of the people of this State, by the use of alcoholic drinks, it is the opinion of this medical society, that the moral, sanitary, and pecuniary condition of the State would be promoted by the passage of a prohibitory law."

The Homœopathic Society of Pennsylvania passed the following:

*Resolved*, That we do *not* ask that the sale of whisky, brandy and malt liquors, etc., be allowed, *even for medicinal purposes*, and we recommend our fellow-citizens to insist upon the enactment of laws which shall prohibit the sale of any alcoholic liquors whatever, for such purposes, except pure alcohol.

How many drunkards have been made by the prescriptions of physicians? Surely the advancement of science and a more correct knowledge of the physiological and pathological effects of alcohol, should teach physicians to abandon a practice that leads to so much evil. How many infants sleep in death, from diseases of the brain, induced by the milk of the mother tinctured with the alcohol, taken in the way of malt liquors to increase the flow of the lacteal fluids, no one can tell.

As before remarked, our daily papers are full of instances of crimes produced by the immediate effects of alcohol, and, as we shall see, the deplorable effects on the offspring of the habitual spirit drinker.

The second part of this subject was to investigate the transmissibility of the morbid effects in this disease. Science tells us that children inherit the bad as well as the good qualities of their parents. That the vices are transmissible. The son is very liable to become a drunkard at the same age that his father did before him.

The mental, physical, and moral influences and habits frequently determine the fate of the unborn child.

So well are these ante-natal influences known and recognized, that it is a question with writers on Medical Juris-

prudence, how much guilt attaches to a criminal whose ante-natal conditions have been so unfavorable to the development of a healthy being, mental, moral and physical.

"An eminent French surgeon took the trouble to inquire into the history and ancestry of a youth who had been admitted into an asylum under peculiarly sad circumstances, and this was the result:

"*First Generation.*—Depravity and drunkenness in the great-grandfather, who was killed in a tavern brawl.

"*Second Generation.*—Hereditary drunkenness, maniacal attacks, ending in general paralysis in the grandfather.

"*Third Generation.*—Sobriety, but hypochondriacal tendencies, delusion and homicidal tendencies in the father.

"*Fourth Generation.*—Defective intelligence. First attack of mania at the age of sixteen, thence transmission to complete idiocy. His two sisters became imbecile, but his mother's child by another husband was of sound mind."

(To be continued.)

## Editor's Drawer.

PROF. J. A. CAMPBELL represented our College at the meeting, of the Indiana Institute of Homœopathy and reports it a grand gathering—not alone from Indiana, but from the adjoining States of Kentucky, Illinois, Ohio and Missouri.

THE MISSOURI INSTITUTE OF HOMŒOPATHY meeting at Hannibal on the 2d and 3d, was small, but full of talent, enthusiasm and *pluck*. Wonders will be accomplished next year, under the *regime* of its new president, D. T. Abell; and Sweet Springs with its June roses and healing waters, will advance our membership to a live hundred.

THE AMERICAN INSTITUTE.—We are getting ready to go. 'Tis a body of men we love to meet; and our chief wonder always is, why so many stay away? You who remain at home and make your excuses, and think you can't learn anything there, and that it is all managed by a ring of the eastern members, or that there is too much microscopy, or too much *flap-doodle* about the "Master," make, in our judgment, a very grave mistake. The brains of our profession in and out of the colleges, are always there, and no man ever attended without coming away a better and a wiser man, unless he was a disappointed office-seeker, and even *he* has, probably a correcter estimate of himself than he had before his defeat. Go then to the Institute and breathe the wholesome air of the northern lakes, and join in the "excelsior" movement for a better and purer Homœopathy—a better and purer *materia medica*.

REMOVED.—R. D. Valentine, M. D., from Canton, Illinois, to Vermont, Illinois.

CHAS. B. JORDAN, M. D., from Wadena, Minnesota, to Duluth, Minnesota.

S. S. SMYTHE, M. D., from Lawrence, Kansas, to Denver, Colorado.

FRANK SMYTHE, M. D., Eye and Ear Specialist, from Lawrence, Kansas to Kansas City, Mo.

DR. C. COUDEN, from Evansville, Ind., to Indianapolis, Ind. Address 553 N. Meridian st.

DR. W. JOHN HARRIS, of St. Louis, sailed on the 9th of June for London, on the Pennsylvania, from Philadelphia, to be gone about a year or more. He will furnish the REVIEW with "Notes from the London Hospitals." His wife and child accompany him, also the wife of Dr. Wm. Collisson, of our city.

THE AMERICAN HOMŒOPATHIC AND STATE SOCIETY will hold its fourth annual meeting in the parlors of the Newhall House, Milwaukee, Wis., beginning June 15. Papers will be submitted by leading specialists throughout the country.

H. C. HAUGHTON, Pres.

F. PARK LEWIS, Sec'y.

WE have received a paper on "Soil and Water pollution of Indianapolis," from Dr. Moses T. Runnels, which we shall publish. The same was read at the recent meeting of the Indiana Institute in that city.

SUMMER COMPLAINT IN CHILDREN.—The season of disaster among the infants is even now upon us, and the bulk of the physician's practice during the next few weeks will be in caring for the bowel complaint of children. Doubtless the vast majority of these complaints are directly traceable to errors in diet. The physiological fact is unknown to the vast majority of mothers, and is forgotten or disregarded by very many physicians, that the infant before it has its teeth, does not secrete saliva in sufficient quantity for the digestion of starch food, and the consequence is the general prevalence at this season of infantile diarrhœa. Cow's milk, next to that of the mother the most natural food for the child, very rapidly sours during this weather, unless greater precautions are taken than is generally possible, and it thus becomes a fruitful cause of trouble. What is wanted is a food which shall obviate the objection to both farinaceous or starchy preparations and milk. With such a food in the hands of mothers, disease and death among the children, at this season particularly, would be largely reduced. It remained for Liebig to prepare a formula for such a food, and many physicians can testify to its success. It is easy to understand, however, the difficulty in the way of preparing this food by the general practitioner, and it is with pleasure we note the fact that Horlick's Food for Infants, which is prepared after Liebig's formula, can now be had at most of the drug stores. We have found that little else is required in many cases of summer complaint, than to place the child on this food as its exclusive diet.—*Michigan Medical News July, 1879.*

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME III.

ST. LOUIS, JULY 15, 1880.

NUMBER 5.

---

## *PATHOMANIA.*

BY J. T. BOYD, M. D.

(Concluded from last month.)

Dr. W. A. F. Brown, in his work on Intemperance and Insanity, says:

“If these pages justify any conclusion, they tell this truth: that the evils of intemperance, as those of every other error and crime, stop not with the offender.

“Like the circles that surround a stone cast into the water, the taint spreads and widens, involving families and generations in its defects and disabilities, which they can neither trace, nor understand, nor resist.

“It consigns thousands of manly minds to premature childishness; it lowers the moral and intellectual tone of whole communities, and engrafts physical characters and infirmities upon races, which time and education, and moral and religious influences may long fail to efface.”

Dr. Carpenter, in his work on alcoholic liquors, says:

“It is scarcely necessary to accumulate further proof in support of the assertion, that of all the single causes of insanity, habitual intemperance is the most potent, and that it aggravates the operation of other causes.”

“We have now to show that it has a special tendency to produce idiocy, insanity, or mental debility in the offspring.”

"That such is the case, is within the knowledge of all who have enjoyed extensive opportunities for observation."

Plutarch says "one drunkard begets another."

Dr. Caldwell, says:

"By habits of intemperance, parents not only degrade and ruin themselves, but transmit the elements of like degradation and ruin to their posterity."

Dr. Carpenter, when speaking of the minute quantity that may produce injurious effects, says:

"Let it be remembered that we have multitudes of cases in which the long continued agency of morbid causes, of comparatively low intensity, has proved to be not less potent in the end, than the administration of a poison in a dose large enough to produce its obviously and immediately injurious effects.

"Thus, a man who would be rapidly suffocated by immersion in an atmosphere of carbonic acid may live for weeks, months, or years in an atmosphere *slightly contaminated by it*, without experiencing any evil effects which can be distinctly connected with its influence; and yet *who will deny*, that the constant action of this minute dose of aerial poison is insidiously undermining his vital powers, and preparing him to become the easy prey of any destructive epidemic.

"Should we not, then, be running counter to all analogy, if we did not hold ourselves ready to admit that such a habitual departure from the regular play of the principal organs of the body, *as even the moderate use* of alcoholic stimulants tends to produce, must be likely to have remotely injurious results; and are we not justified in assuming a relation of cause and effect to exist, when we find such results occurring precisely as we should predict?

"The little I take does me no harm,' is the common defense of those who are indisposed to abandon an agreeable habit, and who cannot plead a positive benefit derived from it."

We will not stop here to mention the common, ordinary symptoms of this disease or of chronic spirit drinking, as they are too well known; nor the different diseases that result from this pernicious habit; the complete degenera-

tion of all the organs and tissues of the body, the trembling limbs, the bleary eyes, the lack of co-ordination of the muscles, and the lack of muscular force, is too well known, and indicates the undermining effects that this acquired habit has on the wretched individual who is controlled by it.

It is with the mental and moral effects that we have to do at present, and the ante-natal conditions of the children of drunken parents.

The most important question to us as medical jurists is, the responsibility of the drunkard and his children when they commit crime.

THEIR MORAL RESPONSIBILITY.

This is a question that will yet have to be examined *de novo*, and probably a different conclusion arrived at than that at present held.

From the earliest writers on law, down to the present time, we learn that drunkards have been held responsible for their acts, because they acted voluntary in becoming drunk.

Lord Coke says:

“The drunkard is *Volentaries Dæmon*, and whatsoever ill he doth, his drunkenness shall aggravate it.”

And Taylor in his more recent work on Medical Jurisprudence, declares that “the drunkard must be held responsible for his crimes, or else men when about to commit crimes would first become drunk.”

While this is the established principle in law, yet it does not follow that it is correct; for there is lying under this condition, a basilar or foundation principle, that should first be examined, and that is, is the confirmed and habitual drunkard *compos mentis*?

To examine this question, it will be necessary to inquire into the physiological and pathological effect of alcohol on the mind.

Dr. Channing says:

“Intemperance is the only vice in the dark catalogue of man’s offenses against the will and word of his Maker, which directly assails the citadel of human reason, destroying the power to choose between good and evil, renders the



being, whose similitude was originally divine, no longer a moral agent, but a mere idiot in purpose and animal in action."

Dr. Hutchinson in his report of the Glasgow Lunatic Asylum, says:

"The patient is incessantly under the most overwhelming desire for stimulants. He will disregard every impediment; sacrifice comfort and reputation, withstand the claims of affection, consign his family to misery and disgrace, and deny himself the common necessities of life, to gratify his insane propensity, and unless secluded, absolutely from all means to gratify this propensity, the patient continues the course till he dies or becomes imbecile."

A report was made to the British Parliament a few years ago, by a large number of eminent physicians, and this report says: "Intemperate parents according to high medical testimony, give a taint to their offspring even before its birth, and the poisonous stream of ardent spirits is conveyed through the milk of the mother to the infant at the breast, so that the fountain of life through which nature supplies the pure and healthy nutriment of infancy, is poisoned at its very source, and a diseased and vitiated appetite is thus created, which grows with its growth, and strengthens with its strength, increasing weakness and decay."

Dr. S. S. Howe in his report to the Massachusetts Legislature, say: "Of the habits of the parents of 300 idiots, 145 was known, nearly one-half, and *they were represented as habitual drunkards.*"

"Such parents give a weak and lax constitution to their children, who are consequently deficient in bodily and vital energy, and predisposed by their very organization, to have cravings for alcoholic stimulants. Many of these children are feeble and live irregularly."

"Having a lower vitality, they feel the want of some stimulation. If they pursue the course of their fathers, which they have more temptation to follow, and less power to avoid than the children of temperate parents, they add their hereditary weakness, and this they leave to their children after them."

From the consideration of the foregoing, we can better determine the responsibility of the criminal; with such ante-natal influences, or born under such unfavorable conditions.

Dr. Ray in his work on Medical Jurisprudence, says: "The whole theory of English law in regard to drunkenness is founded on the policy, that because the act of drinking is voluntary, the person is responsible for whatever it leads him to commit.

"An act that unintentionally leads to the commission of crime, is thus confounded with such as are deliberately designed to have this effect; the distinction being utterly overlooked, between what the law calls *culpa* (fault), and *dolus* (intentional crime). It is difficult to conceive why such a confusion of moral and legal distinctions should be *not overlooked*, but actually acknowledged and defended even at the present day.

"An essential element of crime is *previous intention*, and unless the criminal act is accompanied by wrong intentions, the author thereof is regarded by the law of all civilized nations, even by the English law, except in a few cases, as guilty of *culpa* not of *dolus*.

"We are not satisfied that there should be an exception to this principle in the case of drunkenness."

"The doctrine of common law would have a shadow of support, if drunkenness were really a crime of some magnitude; but it is not so regarded by the laws of England, and in most parts of this country it is no crime at all."

"The free, unembarrassed use of the reasoning powers *is essential to responsibility*, but while the contrary condition of these powers, in insanity, absolves its subjects from the legal consequences of crime, it is not permitted to have the same effect when produced and accompanied by drunkenness."

"It does not seem to be a sufficient reason for this distinction, that in the latter case the loss of moral liberty, is the voluntary act of the party, while in the former it is the effect of disease."

"In the first place, the only object that the drunkard has in view, is animal enjoyment; for the loss of his rea-

son, though a certain result, is not the motive for his indulgence; and, secondly, the very insanity, which is admitted in excuse for crime, may be, as in a very large proportion of cases it really is, the result of habits of drunkenness, in which the party has voluntarily persisted.

"Where the moral guilt is very nearly, if not precisely, equal, it seems unjust that the legal consequences should differ so widely, as they do, in regard to criminal acts, according as they are committed under the influence of drunkenness, or of that of insanity, which may be one of its direct results."

Dr. Drake, in an article in the "American Jurist," says:

"I would ask whether the Court and jury have a right to travel behind the testimony which establishes the insanity, to inquire into its causes, and to estimate the culpability of the *non compos*, not by the degree of alienation, but the criminality of the causes?"

"I think that they have no such right. But if it is correct for them to do it in one case, it is equally so in all others, and whenever insanity is offered in defense, its cause should be ascertained, and made to determine the guilt of the accused.

"This, I apprehend, would be a new principle in jurisprudence.

"Let us look at the practice to which it would lead.

"Delirium tremens is sometimes the consequence of the use of opium, and frequently from daily stimulation with ardent spirits, *without their being ever taken to the extent of intoxication.*

"Now all the acts of a *non compos*, from either of these causes, must be pardoned, because there is nothing criminal in such a use of stimulants; moreover, drunkenness itself is not unlawful; and, therefore, cannot impart a character of criminality to the actions of him in whom it may excite insanity.

"There are, however, many other causes of this malady, which are criminal, such as gambling, duelling, and prostitution, all of which should be inquired into, and when found real, must, if the principle is adhered to, be made to impart criminality to the actions of the *non compos*. But

this, I venture to assert, was never done in any country. The truth is, that the immunity from punishment results *from the insanity* itself, and not from the nature of the cause which produced it."

We now come to the third part of our subject. All the writers on Jurisprudence admit that it is a disease, and as you see some even regarding it as a sufficient cause to exempt the criminal from punishment. Why then is it not treated as a disease by physicians?

The excuse is that the drunkenness is voluntary. Yet we do not refuse to apply remedies to other diseases contracted by the voluntary act of the individual. Why should we pass the drunkard by, and say it his own folly, "he has sown the wind, let him reap the whirlwind."

#### TREATMENT.

My paper is already too long, and I must condense on this part of the subject.

The first thing for the person addicted to the use of spirituous liquors, *is to stop at once* this pernicious practice, that is the cause of the disease.

The food should be strictly farinaceous, no flesh used, but milk or cream may be used *ad libitum*.

Sir Charles Napier says: "Dipsomania is relatively under the control, when a farinaceous diet is employed.

"Among the articles which are specified as antagonistic to alcohol, are maccaroni, haricot beans, dried peas, and lentils, well boiled and seasoned with butter or olive oil.

"The carbon thus ingested renders unnecessary, and therefore repels, the carbon in alcoholic beverages. Confirmed drunkards and those brought to death's door by their habits have been fully cured by a proper farinaceous regimen."

Change of place and associates assist very materially in the cure, by lessening the temptations.

For the nervousness (jactitation), *bromide of calcium* or *bromide of potassa* may be useful.

*Nux*, *hyosciamus*, *belladonna*, *hellebore*, *aconite* are all useful remedies when their indications are present; so also *china*, *phosporus*, warm baths, etc.

With proper hygienic and medical treatment, most of these cases can be cured, without being incarcerated in a lunatic asylum or sanitarium.

The patient must exert *what little will-power* remains, and by proper moral, mental and medical treatment, carefully and persistently pursued, a large number of wretched drunkards could be restored to their families and society, and the criminal class very much reduced.

---

### *AN OVERDOSE OF COFFEE.*

---

BY N. F. CANADAY, M. D., HAGERSTOWN, IND.

(Read at the Fourteenth Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 26, 1880.)

---

L. P., age two years, boy. Was called to see this little patient—supposed to have dysentery. Found him lying on his back in his crib, with his lower limbs drawn up; pulse 140; tongue coated brown; high fever; great restlessness and thirst, and apparently suffering a great deal of pain in the bowels.

Stools small, frequent, slimy and bloody. Could not ascertain any special cause for the attack. Prescribed *aconite* and *merc. viv.* 2<sup>x</sup> alternately, every hour. Next day found the patient worse in all respects. Some coffee-grounds passed off with the stool.

His mother had noticed something protruding from the anus that looked like coffee-grounds that would not pass out, and upon investigating her pantry found about half a pound of roasted coffee missing, and she supposed the child had ate it while she was busy with her work. Gave a tablespoonful of castor-oil and awaited the result.

Next morning found the patient getting worse. Stools small, more frequent and bloody; delirium and great prostration.

Patient had every appearance of a fatal sinking soon, unless a favorable change took place. I decided at once to introduce my finger into the anus, and try if I could ascertain anything more about the case, when, to my surprise,

I found a plug of coffee about an inch and a half in diameter, and four or five inches in length, packed in the rectum.

I proceeded to break it up and remove it, piece by piece, until it was all removed, causing the child the most excruciating pains. I then gave the child *acon.* and *bell.* 2<sup>x</sup> alternately, every two hours. He entirely recovered in about a week.

The coffee was so firmly packed together that the bowels seemed to have no tendency toward dissolving or softening it so it could pass away; and had I not discovered the condition and removed the coffee, I do not think the child would have lived two days longer. And I do not think that any therapeutic agencies alone could ever have cured this case.

The stools were frequent, but were passing around this plug of coffee. This was calculated to deceive any one of the true pathological condition of the case. I found no symptoms of coffee poisoning, except the few symptoms mentioned, and I think they were principally due to irritation of the rectum by the presence of the coffee.

I make a short report of this case on account of its being of very rare occurrence (with me at least), and it may be of some benefit to some one who may meet with a similar case in the future.

---

*TO PREVENT DEVELOPMENT AND DIS-  
SEMINATION OF INFECTIOUS  
DISEASES.*

---

BY G. W. BOWEN, FORT WAYNE, IND.

---

Read at the Fourteenth Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 26, 1880.

---

Without designing to trench on the domain of medical legislation, a few suggestions will be offered on the above subject.

It might seem to be an abridgment of personal liberty for a State or municipal authority to interfere in a person's

**ABDOMINAL FIBROID—EXCISION AND RECOVERY.**

---

BY WM. D. FOSTER, M. D., HANNIBAL, MO.

---

(Read at Hannibal, Mo., June 3, 1880, before the Missouri Institute of Homœopathy.)

---

HISTORY:—Mrs. R., æt. 24, German, married; mother of four children; came to me for advice November, 1879. She stated that her general health is now and had always been good; that about four years ago a small enlargement under the skin appeared just inside the anterior superior spinous process of the left ilium—about the size of a walnut when first noticed. It was very hard, not painful nor sensitive to touch, and caused no inconvenience whatever. From that time it continued to grow steadily in size, and now projects horizontally across to within half an inch of the mesian line of the abdomen. The tumor is hard, not sensitive to pressure, and is attached to the crest of ilium by a moderately broad pedicle. The tumor moves about very freely, except at point of attachment, which seems very firm. This lady has consulted several physicians. This enlargement has been pronounced a rupture and treated with a bandage—it has been painted with *iodine tinct.*, and she has been advised to take bromide of potassium in large doses to cause its absorption.

The menstrual function has always been normal. Her mother died of cancer of the breast.

DIAGNOSIS:—Fibroid.

Advised its removal with the knife. Am of opinion that the tumor is wholly exterior to the peritonæum, and taking into account its mobility, am further of opinion that the tumor is not attached to the peritoneum. This lady very sensibly consented to assume the present risks of danger rather than wait for their multiplication.

JANUARY 26, 1880—12 NOON.

OPERATION:—The patient was placed upon a table in front of a good light and brought fully under the influence of chloroform by Dr. Chamberlain, who was present with Drs. Hearne and Waelder. Incision four inches in length

in direction of fibers of Ext.; oblique at a distance of about two inches from the crest, down upon the tumor, cutting through fasciæ and muscles at one sweep. The tumor is found to be pear-shaped. Carefully separating it from its attachments by a touch of scalpel handle and fingers, until approaching its deep distal extremity, it is found to be closely and intimately adherent to the peritoneum. Careful efforts to separate the tumor from this delicate membrane, without injury, proving unsatisfactory, I reflected that a clean cut would be less likely to cause trouble than a bruised, lacerated wound, and therefore cut away by a clean sweep of the knife a segment of the peritoneum, circular in shape, of considerably larger size than a silver dollar; thus freeing that part of the tumor attached to this membrane. At this stage of the operation a sudden attempt at vomiting forced a great mass of intestines out through the opening. These were carefully cleaned from any foreign substances and returned into the peritoneal cavity. Carbolized sponges were introduced to absorb the blood, and the tumor rapidly dissected out from its attachments and the pedicle severed. Three vessels bled pretty freely—two were closed by torsion and one ligated. The cavity was now thoroughly cleaned with fresh sponges saturated with a 20 per cent solution of carbolized water; the edges of the wound were approximated and secured by six needles passed deeply, entirely through all the textures divided, fixed by a figure 8 silk suture connecting all together. Patient put to bed and warmly covered. Rallied well from the anæsthesia; four hours subsequently she was attacked by severe pains in *right* side of bowels, which was probably owing to flatulence and the disturbed arrangement of the intestines. Promptly relieved by hypodermic injection of *morph.*, gr. 1-3.

9 p. m.—Comfortable; had a short sleep; passed a small quantity of urine; drew off with catheter four ounces.

From this time on there were no symptoms of note. The bowels acted naturally on the sixth day and at the end of fourth week she was able to sit up.

This lady did not menstruate in January, and is now in her fifth month of gestation. Her regular menstrual time was January 15th.



The only comment worth mention is the fact that the diagnosis was erroneous as to the peritoneal attachments. The tumor was fibroid and weighed about eighteen ounces.

---

*THE AMERICAN INSTITUTE SESSION AT  
MILWAUKEE.*

---

The thirty-third annual session of the American Institute of Homœopathy convened in Milwaukee, Wis., on Tuesday, June 15th, in the Court-house. The Institute was called to order at 9:45 A. M., and prayer was offered by Rt. Rev. Bishop Welles, of Wisconsin. Addresses of welcome were delivered by Hon. T. H. Brown, Mayor of Milwaukee, and Professor Danforth, on behalf of the Wisconsin Homœopathic Medical Society and the one hundred and seventy-five homœopathic physicians of the State,

The annual address was then delivered by Professor T. P. Wilson, M.D., of Ann Arbor, Michigan, President of the Institute. In his opening remarks he said that "since the organization of this society, one-third of a century ago, a generation of men has passed away, and we of to-day are but the lawful heirs of the noble men who founded this organization. Men die, but principles remain, and the truth lives on forever." He offered "words of cheer to the veterans who yet remain with us, who, in their distant homes, are looking with anxious eyes upon our proceedings, recalling, perhaps, those early days when they watched over the cradle of our cause, and rejoicing that over us all still floats the unsullied banner of Similia." The speaker mentioned two facts which hide from our eyes the real progress we are making: the cessation of hostilities that were formerly waged against us, and the fact that our work has become so widely distributed.

Before concluding, the president also urged the necessity of prompt and decisive action to secure a due representation of the homœopathic profession in the medical department of the army and navy. He closed with an impressive tribute to the departed heroes of homœopathy: "I would lay a loving chaplet on the brow of all who are sleeping in yonder graveyards. I would exalt their virtues,

and brighten the memory of their heroic deeds. I do not fear that they have perished, or that they will ever cease to be."

The regular business of the session was then taken up. The Secretary, Dr. J. C. Burgher, of Pittsburg, submitted the report of the chairman of the Publishing Committee, which showed the work to be in a backward condition. Dr. McClotchey asked to be relieved from duty on account of ill-health, and had at last been obliged to transfer his duties to Dr. Joseph C. Guernsey, of Philadelphia.

The Treasurer, Dr. E. M. Kellogg, of New York, submitted his report, which was referred to the Auditing Committee. It shows a cash balance on hand of \$3,664.15.

At this point in the proceedings, Dr. Berridge, of England, being present, was invited and took a seat on the platform.

The report of the Necrologist, Dr. Paine, of New York, was read and referred. There have been nineteen deaths reported to the Institute during the year.

The Bureau of Organization, Registration, and Statistics reported through its chairman, Dr. I. T. Talbot, of Boston, the following statistics: The most reliable register contains the addresses of 6000 homœopathic physicians in the United States, of whom 839 are active members of this Institute. The Western Academy has 150 members, and meets annually. There are 23 State societies, of which 17 are incorporated, with a total membership of 1,859, of which 183 were added and 28 died last year. Of 89 local societies, 63 report to the bureau 1,632 members.

The medical clubs are partly social and partly professional in their character. Six of these have 100 members.

34 homœopathic hospitals are established. 25 of these report 1,505 beds occupied by 14,913 patients, 8,455 cured, 2,864 improved, 349 not improved, 355 (less than 2½ per cent.) died. The cost of 25 of these hospitals has been \$1,189,175; debt \$85,000; funds \$41,206

Of 29 dispensaries, 22 report 103,577 patients treated last year, with 221,803 prescriptions, at an average cost of 5½ cents per prescription in conducting the dispensary.

Eleven colleges, all in good standing, have had 1192 stu-

dents and graduated 387 the past year. The alumni number 4822, and the instructors 159. The cost of establishing five of these colleges has been \$230,000. Two special schools, ophthalmic and obstetric, have had 26 students, 18 graduates, and 182 alumni.

Sixteen journals are published in the United States; 4 quarterly, 10 monthly, 1 every two months, and 1 semi-monthly. These publish 22,250 copies, 700 pages, monthly, or 8400 yearly. One library association, one publishing society, and one homœopathic insurance company. All are in successful operation.

The Bureau of Anatomy and Physiology presented a paper by Dr. William E. Spaulding, of Massachusetts, on "The Sphincter Tertius," which was read, and afterwards discussed by Drs. Owen, J. H. McClelland and George A. Hall, the latter doubting its existence.

The Bureau of Psychological Medicine presented its report and papers, as follows:

"Transitory Fury," by S. Lilienthal, M. D., of New York. As this paper had been already published, it was not re-referred for publication. Dr. H. H. Hoffman, of Pittsburg, mentioned a case of the disorder referred to, occurring in the practice of Dr. C. P. Seip, of Pittsburg. The patient, from apparent health, passed into a paroxysm of intense mental excitement, requiring force to restrain him. This lasted some hours. It was followed by heavy sleep, continuing 10 or 12 hours, and the patient then awoke to perfect health, and there has been no return of the disorder, and no recollection of the occurrence.

Dr. George F. Foote, of Stamford, Conn., read a paper on "The Causes and Prevention of Insanity, Inebriety, and the Opium Habit," taking the ground that the natural senses and instincts of the organism, if not impaired by abuse, will effectually prevent those forms of disease which are due to indulgence, and resist the invasion of many morbid matters and influences.

Dr. T. L. Brown, of Binghampton, N. Y., presented a paper, entitled, "Morbid Vision." The author called attention to the fact that the condition of the brain and its relation to the quantity and quality of blood seem to con-

trol the phenomena of normal and morbid vision. The open air, well-ventilated rooms, strictly physiological food, exercise and sleep are conducive to correct vision. In the spiritual circle, held in a closed room, where bed-quilts and blankets are placed over windows and doors to keep out light and oxygen, and keep in carbon, the blood of each person in the room is carbonized, and the feeble-headed, small-chested medium, after hours of breathing the impure air, declares she sees her dead aunt or grandmother in the darkness. An open door destroys the vision by purifying the air. The well-ventilated churches of this day have done away with the excitements of the revival, and they are now practically a failure, because the inmates are clear-headed in the pure air, and can think and act rationally. (The doctor was just for the moment somewhat disconcerted when a delegate suddenly interjected the question, "How about camp-meetings?"—a question which excited some laughter at the reader's expense.)

A paper on "Phimosis in its Relations to Insanity," was presented by S. H. Talcott, A. M., M. D., Medical Superintendent of the New York State Homœopathic Insane Asylum at Middleton, N. Y., embracing four interesting cases treated by surgical and homœopathic measures.

In the discussion which followed, Dr. Owens, of Cincinnati, said that there are hundreds of cases of phimosis without any attendant mental aberration. In Dr. Talcott's first case there was hereditary predisposition, and he thought this factor or masturbation or some other cause is frequently associated with the phimosis to produce insanity. Dr. O. S. Woods, of Omaha, corroborated Dr. Owens. Dr. McClellan did not understand the paper of Dr. Talcott as implying that phimosis always results in insanity.

The Institute then took a recess until 8 p. m.

*Evening Session.*—The business opened with the reports of delegates from several State and county medical societies.

The Bureau of General Sanitary Science, Climatology, and Hygiene was then taken up, and Dr. B. W. James, of Philadelphia, acting chairman, called on Dr. D. H. Beckwith, of Cleveland, who read a paper on "Quarantine for

Refugees Exposed to an Epidemic of any Kind by River, Railroad, or Wagonway." He gave a history of the spread of epidemic cholera throughout the principal cities of Ohio, from a single case landed from a steamboat in Cincinnati, from which more than 6000 persons perished, and based an argument in favor of inland quarantine thereon. The greatest good to the greatest number was the correct rule, even if it did separate families and spread financial bankruptcy. The government should be empowered to compel States to establish quarantine, and stop railroad trains, steamboats, etc. Refugees from infected districts should be taken to hotel quarantines, kept for a suitable period, placed under the best possible sanitary regulations, and, upon leaving, be provided with new clothing; the infected garments being destroyed. He entered somewhat into the detail of the sanitary management of these hotel quarantine stations. The work of quarantining refugees should be under the control of the General Government, and its officials should be men learned in sanitary science.

Dr. Bushrod W. James read a synopsis of a paper on "The Cordon Sanitaire," by Dr. R. E. Caruthers, of Pittsburgh; also one by Dr. M. S. Briry, of Bath, Maine, on "National Quarantine, Including that of the Seacoast." Dr. Briry spoke of the old Jewish quarantine against leprosy as consisting merely of isolation, and gave statistics of quarantine work. He mentioned instances of the transportation of the poison of cholera over thousands of miles in packed clothing, the unpacking of which was sufficient to originate an epidemic. He does not think this peculiar form of poison is transported very far by atmospheric currents.

The chairman then read a paper from Dr. L. A. Falligant, of Savannah, Georgia, on "Sanitation and Location of Quarantine Stations." Quarantine was not a cure for disease, but the means of preventing its spread, and its weight, therefore, fell upon the individual. The sick must be taken beyond the power of doing harm to the well. The site for a quarantine should be in a healthy place, so that the lives of the sick should not be endangered by their isolation. The generally prevailing winds also should be

taken into consideration; a site should be selected, if possible, where the wind would neither blow miasma to the hospital, or the poisonous germs of the hospital to the dwelling-places of the healthy. In regard to distance, while it might be safe to locate a small-pox hospital one mile from human habitations, the yellow-fever hospital should be not less than five to ten miles off; this poison being peculiarly liable to be transported for long distances upon atmospheric currents.

Dr. B. W. James then read his own paper on "International Quarantine, Including the Seacoast." He spoke of the difference in the quarantine laws of different nations, which he deplored. The remedy, he thought, must come through the United States, whose coast line was so vast that a rigorous enforcement of wise sanitary and quarantine laws would attract the attention of the world, and make an example which would be followed. He gave a history of the endeavors of France to establish an international quarantine in Europe to prevent the spread of Asiatic cholera. He looked upon the International Sanitary Convention to be held in Washington as of vast importance, and hoped the golden rule would prevail in this congress of nations, but thought the example set by the United States would do more toward the establishment of a code of international quarantine laws.

The subject treated of by the bureau was then opened for discussion, and Dr. Dake, of Nashville, gave a history of the yellow fever scourge in Memphis. He argued that the disease was only spread by actual contact, and the germs were not conveyed in the air. In proof of this he cited the history of the yellow fever epidemic in New York, which had been confined to one part of the city by running a high board fence from river to river across the island. Dr. Bowen, of Fort Wayne, contended that infected clothes should not be destroyed by burning, as the disease was spread in the heat and smoke. Dr. Verdi, of Washington, said the clothes should be baked in ovens, the intense heat destroying the germs of the disease without destroying the clothing, which was an item with poor patients. Dr. Taylor, of Indiana, criticised the idea that the

government should supersede the State authorities in the matter of quarantine. Dr. Verdi, of Washington, spoke against the doctrine of State rights bearing on this question, because the interest was an open one. He spoke of the shot-gun quarantine as revolution. It was impossible to stop any epidemic without a single and leading authority to direct operations. He defended the National Board of Health against the charge of interfering with local health authorities, and showed that, on the contrary, that board had, during the last year, given \$150,000 to enable these local boards to carry out their own regulations. Dr. Pettet, of Ohio, spoke in favor of the use of superheated steam to disinfect clothing, as a dry heat to destroy the germs of disease would char and consequently destroy them. Dr. J. E. Smith, of Cleveland, had been through two yellow fever epidemics, and contended that fear of the disease was a potent agent for its spread. The problem to be settled was, how to prevent the disease?

Dr. Bushrod W. James, of Philadelphia, offered the following resolutions, which were adopted:

*Resolved*, That the President appoint two delegates to represent this Institution in the next meeting of the American Public Health Association.

*Resolved*, That this Institute appoint delegates to present the views of this national body to the International Convention called by the United States Government; and if delegates are admitted to its proceedings from medical and other scientific bodies in this country, then our own delegates to be supplied with credentials to present to that body, and the delegates thereupon ask admittance to take part in the proceedings of the International Conference appointed to be held at Washington. †

The institute then adjourned until 9:30 o'clock the next morning.

SECOND DAY—*Morning Session*.—The Secretary read the statistical reports from the various medical colleges, showing all these institutions to be in a flourishing condition.

The Special Committee, consisting of Drs. H. C. Allen, J. P. Dake and J. C. Burgher, appointed yesterday to consider the report of the chairman of the Committee of Publication, made a report concerning the delay in the publication of the *Transactions of the World's Homœopathic*



*Convention*, and of the session of 1879. They recommend that the work be committed to the hands of the ex-Provisional Secretary, Dr. Joseph C. Guernsey, of Philadelphia, with instructions to bring them out as soon as possible. The recommendation was adopted to cost \$700.

The rules of order were then suspended, and Dr. E. W. Berridge, of London, England, read an address to the Institute on the subject "How Can We Best Advance Homœopathy?" In introducing his subject, he said:

"It cannot be denied that homœopathy has not advanced, and is not advancing as rapidly as we could desire, nor as rapidly as we once had just and reasonable grounds for expecting it to advance. In the United States, where it has taken firmest root, and where its spreading branches most widely overshadow the land with healing in their leaves, the old school is yet triumphant in point of numbers. In Great Britain we have but 275 avowed homœopathic physicians, and this number includes not a few who have not the slightest claims to this honorable title; and while there are many colleges and universities empowered by state to grant degrees in medicine, we have not one legally recognized school of homœopathy. On the Continent matters are in the same unsatisfactory condition. More than forty years have elapsed since Hahnemann penned the fifth edition of his *Organon*; more than eighty since he first announced the law of Similia, and yet how little fruit has his life-work borne in comparison with what should have been. Why is this? To what causes are we to attribute the fact that the profession and the public have not more universally accepted homœopathy?

"There are those nominally amongst us who have a stereotyped answer to this question. Hahnemann, they say, was too dogmatic, too uncompromising, too visionary; and as a panacea for all the unbelief which now pervades the allopathic mind, they recommend that we should give up what they call our 'sectarian attitude,' that we should drop and disavow the name of homœopathy, that we should repudiate as untenable that which they term the extravagances of Hahnemann, such as his doctrine of chronic diseases, etc., and finally that we should claim for Similia Similibus Curantur, not the position of a universal law, but only that of a very good and useful rule of practice to which there may be many exceptions. Do not let us be mistaken in this matter. If we wish the old school to amalgamate with our own, it will never be effected by compromise. Truth has no occasion to descend from her lofty eminence and ask permission to be heard. . . .

"Such has been the effect of our wavering upon the minds of our allopathic brethren, what effect has it had on ourselves? Ever since that fatal error was committed by one whose memory we nevertheless hold in honor, of proclaiming 'absolute liberty in medical opinion and action,' a change for the worse has taken place in our own ranks. Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism. Forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly



caught at his well-intended, though mistaken, perhaps misunderstood, words, and ever banded themselves together to overthrow those that remained true to the teachings of the master. I need not recount the various phases of the struggle, they are all well known to you, suffice it to say that the crisis is past, and convalescence has commenced. There are indications both here and in my own country of a desire to return to a purer faith and a truer practice. How can we best accomplish that great work? How are we to advance homœopathy, and render it the sole and universally received science and art of therapeutics. . . . . The great error of the present race of homœopaths is their neglect to study the *Organon* of Hahnemann, and it is to this great work, the very Bible of Homœopathy, that I especially desire to call your attention. I do this with the more earnestness because I find there are so many who have never even read it, much less studied it. 'The *Organon*,' they say, 'is full of Hahnemann's theories.' Leave out the theories, then; Hahnemann merely gave them for what they were worth, as the best explanation he could give of certain facts. His theories were based upon his facts, not his facts upon theories. . .

"Was there only one utterance that I could make during this visit to your mighty continent, it would be 'Study the *Organon* of Hahnemann.' It is not as a blind bigot, or a fanatical enthusiast, or a mere hero-worshipper, that I urge these matters upon your attention. I am as ready as any man to worship a hero, but his right to the title must be first demonstrated to me. Since I first discovered how I was misled in early days by teachers, and taught to believe implicitly much that reason and maturer judgment have compelled me to reject as fallacious, I have become skeptical in all things, and require absolute proof before I accept a statement as absolutely true. And my absolute and unwavering acceptance of the truth of the practical teachings of Hahnemann is based upon experience. It is now eighteen years since I first commenced the study of homœopathy; I have compared it with allopathy and with eclecticism. I have tested it in the most severe acute diseases threatening life, in the most chronic and inveterate diseases which had baffled all other treatment, and in incurable cases when only euthanasia was possible, and I have never once found Hahnemann's teaching to be wrong. Nay, more, though Hahnemann's faithful followers have made many discoveries in the same field in which he labored, so vast was his insight, and so profound his genius, that there is scarcely a single therapeutic discovery of modern times, of which you will not find at least the germ in his writings.

"Hahnemann's system is the true, the only science of therapeutics, and if my words will persuade any of you who may have departed from his standard, to adopt a purer practice and a truer faith, I shall feel that my visit to you has not been in vain."

Dr. Smith, of Chicago, moved that Dr. Berridge be requested to give his article to the Secretary for publication, which was carried.

A motion to reconsider was made on account of objections being made to its being incorporated in the proceedings.

The matter was finally laid on the table.

The Report and Papers of the Bureau of *Materia Medica*, Pharmacy and Provings, were then presented by the chairman, Dr. J. P. Dake, of Nashville, Tenn., who introduced the subject with some observations on the development of the *Materia Medica*, the issue of certain new publications, and the work on which the bureau had been engaged during the year. The general subject of the papers was "The Limit of Drug Attenuation and Medicinal Power in Homœopathic Posology." They were arranged under two heads, the first of which, viz., "The Proofs of Drug Presence and Power in Attenuations above the Sixth Decimal," being considered in the following papers :

(a.) "As Furnished by the Tests of Chemistry," by W. L. Breyfogle, M. D.

(b.) "As Furnished by the Spectroscope," by Conrad Wesselhæft, M. D.

(c.) "As Furnished by the Microscope," by J. Edwards Smith, M. D.

(d.) "As Furnished by Analogy from the Field of Impalpable Morbific Agencies," by J. P. Dake, M. D.

(e.) "As Furnished by the tests of Physiology," by Lewis Sherman, M. D.

The portion of the subject included under the second head, "The Proofs of Medicinal Presence and Efficacy in Attenuations above the Sixth Decimal," was presented in the following papers:

(f.) "As Furnished by Clinical Experience in the Use of Attenuations Ranging from the 15th to the 30th Decimal," by A. C. Cowperthwaite, M. D.

(g.) "As Furnished by Clinical Experience in the Use of Attenuations above the 30th Decimal," by C. H. Lawton, M. D.

Dr. Breyfogle's paper gave the results of carefully conducted chemical experiments with the 3d, 6th, 12th and 30th decimals of Arsenicum, Nux vom., Sulphur, etc. Perceptible results were obtained from Ars. 3d and 6th ; but Sulphur 3d and upwards gave no results. Experiments were also made upon human subjects with material doses

of the carefully selected homœopathic drug, for the purpose of ascertaining the largest dose which might be administered without danger of medicinal aggravation, the results showing that quite large quantities of Ipecac, in the vomiting of pregnancy, could be given with no other than a curative effect, and the same negative results were obtained with other drugs.

Dr. Wessellhoft's paper gave the degree of delicacy observable with spectroscopic tests, showing that by the best authorities the minimum quantity detected has been of Sodium, the 1-18,000,000th of a grain; Lithium, 1-6,000,000th; Strontium, 1-1,000,000th; Calcium, 1-1,000,000th. Cæsium and Rubidium have each been detected in the proportion of one grain to five tons of water. The author of the paper then quoted from his paper of last year the statement that modern research indicates the limit of the divisibility of matter to be reached at about the 11th centesimal, and cited the recent experiments of Crookes on the fourth state of matter, as confirming these indications. The paper concludes with an account of some spectroscopic experiments made by the writer himself with Sodium, in which the 1-100,000,000th of a grain gave ocular evidence of its presence.

Dr. J. E. Smith had entitled his paper, "Remarks and Suggestions Concerning the Study of Homœopathic Triturations." In presenting his subject he asked the privilege of correcting an almost universal misapprehension in regard to himself. "*I do not believe,*" said he, "*that the microscope will enable us to discover the ultimate divisibility of matter,*" and expressed himself further as being very anxious that his views in this particular should be no longer misunderstood and misrepresented.

He first gave a description of the apparatus and facilities at his command in pursuing his investigations and securing the most exact microscopic measurements of particles of triturated Aurum—the metal experimented with. He summed up in general terms the results of the microscopic researches recently made with homœopathic triturations of gold, as follows:

1st. A certain so-called trituration, sold for Aurum 3<sup>x</sup>,

contained no gold at all. 2d. Mr. Witte's triturations of Aurum fol. has been demonstrated to be almost equal in fineness of particles to the average triturations from the precipitate. 3d. Four-hour decimal triturations are not very far superior to the two-hour. 4th. Triturations of Aurum met. up to the 6<sup>x</sup> from various makers vary considerably, no two being identical in the fineness of the contained particles. 5th. The popular idea that particles of gold are ten times smaller in the 2d than in the 1st, and ten times smaller in the 3d than in the 2d, is very far from being correct. 6th. In all the triturations of gold from the 1st to the 6th decimal examined by me, fully 33 per cent. of the metal escapes subdivision under the pestle, *i. e.*, does not become subdivided to anything like the extent formerly accepted. 7th. It is quite possible with careful manipulations to display particles of metallic gold under the microscope, which, in point of minuteness, challenges our most difficult test-objects.

The concluding portion of the paper described an improved method of preparing triturations of gold, this method having been devised after repeated experimentations by Dr. Smith and Mr. Witte. It consisted in recovering the gold from "amethystine fluid," and triturating. On adding water and alcohol to the trituration the same purple fluid is produced, which, after standing for a period of ten days or more, deposits a sediment, which consists chiefly of impurities from the milk-sugar used in making the triturations. This fluid under the microscope exhibits no suspended particles of gold, but evaporation on a glass slide imparts an appearance like that of "watered silk." Under this new method of triturating gold the 3d and 6th yielded particles having a dimension of 1-95,000th to 1-115,000th of an inch. We understood Dr. Smith to express the view that the metal contained in the amethystine fluid is not in solution, but in suspension, the particles being so minute as to be invisible even under the highest powers.

Dr. Lewis Sherman's paper referred to a comparison of Dunham's provings of *Sepia*<sup>200</sup>, made in 1875, with the provings of milk-sugar made by Dr. Wesselhoeft, two years

later; the object being to show that the great bulk of the symptoms was due to other than drug agencies, fear being probably one of them. This form of pathogenetic test, the writer argued, is unreliable for the reason above given. In the Milwaukee Test of 1879, most of the experimenters declined any attempt to designate the medicated vial, thus exhibiting a lack of confidence which the proposers of the test did not anticipate. Some of the experimenters had said that even the low attenuations would fail under a similar test. Accordingly, Dr. Allen undertook to test the 38<sub>x</sub>, and he (Sherman) undertook to test those still lower. Dr. Allen subsequently withdrew from the work. The tests made by Dr. Sherman and his co-laborers were guarded against unfairness and error as carefully as was possible, and the results, together with those of the "Milwaukee Test" proper, are in brief as follows:

3x,	9 blanks.	Tests, 5	Correct selections, 4	Incorrect, 1,
5x,	9 "	" 3.	" "	3. "
6x,	9 "	" 7.	" "	6. "
7x,	9 "	" 2.	" "	1. "
8x,	9 "	" 2.	" "	1. "
9x,	8 "	" 2.	" "	1. "
10x,	9 "	" 2.	" "	0. "
30x,	9 "	" 7.	" "	0. "
30x,	1 "	" 1.	" "	1. "

Dr. Dake's paper came next in order. It presented a host of facts in connection with various morbid agencies: malaria, miasms, electricity, etc., all going to prove that abnormal effects are producible by agencies not recognizable by the senses, or by the most delicate processes of the laboratory.

Dr. Cowperthwaite then introduced the "high potency" side of the question in an able and careful paper. He began with the proposition, that as man cannot live by bread alone, he must sooner or later acknowledge his physical relation to the unknown as well as to the known. When Hahnemann had repeatedly seen Acon.<sup>30</sup> cause sweat in fever, he very properly adjudged that in Acon., medicinal power did not cease below the thirtieth potency. And Hahnemann's observations fully confirmed this opinion as to a considerable number of other drugs. The doctor then cited the com-

parative experiments made in hospitals with the 30th, 6th and 15th decimals, continued for a long period, the disease selected for investigation being pneumonia. The observations showed that as regarded the processes of infiltration, resolution, exudation, and the total duration of the disease, the results were by far the most favorable to the 30th, or highest, and the least favorable to the 6th, or lowest. He also reminded the Institute of the historical fact that the early homœopathists of America had only the 30th potencies with which to demonstrate the truth of similia, there being no other potencies in the market. Had those 30ths been destitute of medicinal virtue, homœopathy would to-day be a matter of history. He argued that when clinical evidences are carefully and properly observed, they are useful in the same proportion as are the observations of the chemist and the microscopist. The paper closed with a number of carefully observed cases recorded by well-known practitioners, in which the 30th potency developed rapid and permanent cures, and added, "If men believe not these facts, neither would they be persuaded though one arose from the dead."

Dr. C. H. Lawton in his paper alluded to a natural obstacle to the acceptance of high potencies. Facts must harmonize with known laws, else their convincing influence is limited. When men will not, or do not, experiment for themselves, we must present reason and logic by which to convince them. Observation gives evidence that medicinal power and efficacy extend beyond the supposed limit of the divisibility of matter, though we may not understand it. The writer argued that without potentization there can be no medicinal efficacy. He offered some interesting facts in support of his views respecting the value of potencies above the 30th, among which was a case of a perityphlitis, treated by Dr. Pearson, of Washington, D. C., with *hepar sulph.<sup>m</sup>* (tafel), and followed by recovery.

Adjourned till 7 P. M.

*Evening Session.*—Discussion was had upon the general subjects embraced in the report of the Bureau of Materia Medica, etc. Dr. Lilienthal explained that Dr. T. F. Allen, of New York, had declined to take part in the test of high

potencies, because he was unwilling to have them prepared in Milwaukee. Dr. Lippe said such a test had been made in Vienna thirty years ago by Dr. Wadsworth, and resulted in overcoming the skepticism of that gentleman. Physicians decline to spend time in a repetition of that experiment simply because there is no need of it. Dr. A. E. Small did not see what chemistry, microscopy, or spectroscopy has to do with high potencies. He thought nature furnished abundant analogies of the action of infinitesimals, and illustrated his point by the germination of the seed and growth of the tree. Once, after having been enjoined never to give a certain patient *pulsatilla*, he had secretly administered a dose of the 800th *Jenichen*, and had, the next day, been called to account for it. Dr. McManus had a patient in whom the presence of the common shrub, *talicanthus*, produced syncope. Dr. Owens thought the bureau had gone entirely out of its own province for a subject, and he was disappointed at having heard nothing which in his estimation could promote our knowledge of the *Materia Medica*. Dr. McClelland defended the bureau; it had selected a subject connected with "Materia Medica, Pharmacy, and Provings," and adhered strictly to it. Some of the testimony offered was of a negative character, it is true, still such testimony is of great value. The report shows that certain attenuations failed to show the presence of medicinal qualities, but this is not proof positive that such qualities do not exist therein. He said that patients troubled with malignant typhoid fever were, through the enthusiasm of the reporters, represented as having been cured by a single dose of medicine in one day. These reports were palpably false and weakened men's faith in homœopathy and in homœopaths.

Dr. Wells, of Brooklyn, gave his experience in the treatment and remarkable cure of a case which had come under his own observation. Dr. Brown, of Binghamton, N. Y., complimented the papers presented by the bureau. He contended that medicines were matter and we were matter, and by watching the contact of the matters we could discover certain changes that formed data for future action. Dr. Pearson, referring to the papers, said they were a great

improvement on those presented last year. Dr. Dake corrected a mistake of Dr. Lilienthal, and said that Dr. Allen's refusal to participate in the potency test could not have arisen from the cause stated, as the potencies were to have been prepared in New York and not in Milwaukee.

Dr. H. M. Smith, for Dr. J. J. Mitchell, chairman of the Committee on a Homœopathic Dispensatory, submitted a report.

Dr. Talbot, of Boston, said year after year we have a report on the subject of a dispensary in an incompleated state. Twelve years of incubation was sufficient, and he moved the subject be indefinitely postponed. After some discussion the motion was adopted.

The bureau of Clinical Medicine, having for its subject Scarlatina was then taken up, and the chairman, Dr. C. Pearson, of Washington, read a paper on "Its History, Etiology, and Varieties." Dr. Lilienthal, one on the "Diagnosis, Pathology, and Course of Scarlatina." Dr. T. F. Pomroy, one on the "Contagious Nature of, Liability to, and Exemption from Scarlatina."

THIRD DAY—*Morning Session*.—On motion of Dr. D. S. Smith, of Chicago, the Institute voted to take from the table for reconsideration the address of Dr. Berridge, of London, delivered yesterday.

Dr. Talbot, of Boston, addressed the Institute in reference to a certain passage contained in the address of Dr. Berridge, characterizing it as a great wrong alike to this body, to the physicians of America, and to the memory of one who is held in reverence by every true friend of true Homœopathy. He read the passage referred to, as follows:

"Ever since that fatal error was committed, by one whose memory we nevertheless hold in honor, of proclaiming 'absolute liberty in medical opinion and action,' a change for the worse has taken place in our own ranks. Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism. Forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly caught at his well-intended, though mistaken, perhaps misunderstood, words, and ever banded themselves together to overthrow those that remained true to the teachings of the master."

Can such words as those go out from the American Institute as its sentiment? When at Chicago, as those who



this body by the loved and lamented Dunham has been the cause of any weakness or delay in our onward course. No man in all America did more, in the same number of years, to further the interests of homœopathy than Carroll Dunham. Although not given to hero-worship in this country, we do not fail to appreciate and defend the good name of those who, having wrought most nobly and successfully in life, now rest peacefully from all earthly labor.

As to the study of Hahnemann's writings, I venture to say that our practitioners are as familiar with them as any medical men in the world. While esteeming the words of the master as explanatory of the new system of therapeutics, in the day of its birth and the years of its youth, we do not regard all his sayings as infallible, nor his tenets as everlasting. Under the fostering influences of freedom, and persuaded that, in matters of science, there can be no limits to progress, we are ever looking for fresh facts and new principles to guide our way in the field of practice. We revere Hahnemann; we take his teachings for what they are worth; but we do not accept from him all the opinions held in his day as priceless treasures. As for the old school of medicine in this country we have no compromise with it. While there is much common ground for allopaths and homœopaths to occupy and cultivate together, we stand upon our own field, a peculiar people, when we come to the application of medicines for the cure of disease, acknowledging the law *similia* as supreme and final. We differ, sometimes, among ourselves as to the extent of the field covered by that law, and as to the preparation and uses of remedies under its guidance; but we forsake not the banner, years ago planted upon these shores, under which we have been gathered from the devious ways of old physic, and under which, our successors shall ultimately possess all this goodly land.

Dr. Ober moved that the paper be laid upon the table, and the discussion thereon expunged from the minutes. The motion was adopted.

The consideration of the Bureau of Clinical Medicine was then taken up where it was left by the adjournment on Wednesday evening, the subject being Scarlatina. Dr. J.

P. Mills, of Chicago, read a paper on "Dissimilarity to Diphtheria and other Cutaneous Diseases." Dr. O. P. Baer, of Richmond, Ind., also presented an article on "Belladonna and other Prophylactics."

Dr. Lippe, of Philadelphia, then read a paper on "The Treatment of the Varieties and Symptoms of Scarlatina," and Dr. P. P. Wells, of Brooklyn, presented an interesting essay on "Specific Prescribing in Scarlatina."

Professor Ludlam, of Chicago, offered a resolution that hereafter the annual meetings of the Institute shall consist of one general morning session daily, and that the afternoons be given to bureaus for sectional meetings. The resolution was adopted.

Dr. Talbot, of Boston, offered a resolution indorsing the proposition of the homœopathic physicians of Great Britain for an international congress in London in July, 1881, which was adopted, and providing for the appointment of a committee to further that object. Adopted; the committee consisting of Drs. I. T. Talbot, E. M. Kellogg and B. W. James.

The Bureau of Microscopy and Histology presented a paper by Dr. Wesselhœft on "The Relations of the Microscope to Materia Medica and Potencies," and one by Dr. J. E. Smith on "Modern Microscopes."

The Committee on Time and Place of Next Meeting reported that invitations had been received from Cape May, Long Branch, Manhattan Beach, Newport, Saratoga and New York City. It was voted to refer the whole matter to the Executive Committee, with instructions to hold the next meeting in or near New York City.

The election of officers to serve for the ensuing year was then held, with the following result: President, J. W. Dowling, M.D., New York; Vice-President, William L. Breyfogle, M.D., Louisville, Ky.; General Secretary, J. G. Burgher, M.D., Pittsburg, Pa.; Provisional Secretary, J. H. McClelland, M.D., Pittsburg, Pa.; Treasurer, E. M. Kellogg, M.D., New York; Censors, F. R. McManus, M.D., Baltimore; Chairman, R. B. Rush, M.D., C. T. Canfield, M.D., William H. Leonard, M.D., Philo G. Valentine, M.D.

The Bureau of Obstetrics presented its report through

Dr. G. B. Peck, of Rhode Island. It embraced important papers, as follows :

"The Forceps and the Principles of their Use," by R. M. Foster, M.D.

"Extra-uterine Fœtation," by C. Ormes, M.D.

"Placenta Prævia," by Geo. B. Peck, M.D.

Dr. Foster's paper encourages the use of the forceps, and argues that just in proportion as their use increases, the mortality of mothers and children during labor diminishes. No instrument at all equals it in the saving of human life. He gave a history of its "development," and exhibited various modifications in illustration of his subject.

Dr. Walker, of St. Louis, read a learned paper on "Recent Improvements in the Obstetric Art," which was considered one of the best articles presented to the Institute.

Pending the consideration of this subject the Institute adjourned until 3 o'clock.

*Afternoon Session.*—The consideration of the report of the Bureau of Obstetrics was resumed, and Dr. Peck's paper was read. It is based upon reports received from about 120 homeopathic physicians of this country, and the facts presented and conclusions drawn are exceedingly interesting and valuable. We are happy to be able to announce that some of these cases will appear in forthcoming numbers of the *Hahnemannian*.

Dr. Ormes' paper was also important, detailing an interesting case. After its reading, discussion was had on the various papers.

Under a suspension of the order of business, Dr. J. H. McClelland exhibited Vance's crinoline jacket for spinal curvature, and called attention to the advantages it possessed over the Sayre jacket, particularly because of its being removable at will for the purpose of securing rest and cleanliness.

The Bureau of Gynæcology reported through its acting chairman, Dr. Biggar, of Cleveland, the following papers :

"Uterine Fibroma," a case with operation, by C. Ormes, M.D.

"How do Medicines Act on the Generative Organs of Women?" by E. M. Hale, M.D.

"Influence of Homœopathic Treatment on the Development of Ovarian Cysts," by B. F. Betts, M.D.

"Cæsarian Section," by S. S. Lungren, M.D.

"The Use of Intra-uterine Stem Pessaries," by Mrs. E. C. Cook, M.D.

Adjourned until Friday morning.

FOURTH DAY—*Morning Session*.—The Bureau of Pædology, Dr. William H. Jenney, chairman, reported the following papers :

"Acute Gastritis; Its Causes, Diagnosis and Anatomical Characteristics," by W. H. Jenney, M.D.

"Prevention and Treatment," by W. Edmunds, M.D.

"Thrush," by T. C. Duncan, M.D.

"Prevention and Treatment of Stomatitis," by A. M. Cushing, M.D.

"Dietetic Rules in Digestive Diseases," by Mary A. B. Woods, M. D.

Dr. H. C. Allen offered a resolution, which the Institute adopted, providing for an inquiry into the preliminary qualifications required of students by the various medical colleges.

At 11 o'clock, in accordance with a previous arrangement, Dr. F. R. McManus, of Baltimore, delivered an address in which he gave his early experience with the thirtieth potencies. He detailed his first attempts to acquire such a knowledge of the homœopathic healing art as might enable him to put its principles to a practical test. For a whole hour the venerable doctor held the closest attention of his critical audience, while his humorous description of his cases and of the results of his treatment elicited applause and laughter from both high and low dilutionists. Amongst the many cases treated experimentally was a gonorrhœal orchitis, for which Arnica<sup>30</sup> was prescribed, and *the patient (a cooper) was ordered to continue at work*, lest the beneficial influence of rest should modify the action of the remedy. In spite of this precaution (?) the patient, three days afterward, reported himself well. A case of pain in the knee-joint, which the doctor had treated allopathically for years, yielded promptly to Puls.<sup>30</sup>. A case of intermittent neuralgia of six weeks' standing dis-

appeared permanently in 24 hours,—scared off with a single dose of Spig.<sup>30</sup>. A number of other similar cases were reported. The whole address was calculated to add materially to the force of the papers presented by Drs. Cowperthwaite and Lawton in advocacy of the thirtieth potencies. His closing remarks are well worth transcribing: "The greatest enemy homœopathic physicians have, is to be found in themselves. That man is a fool, who, in using vaccine virus as a prophylactic, inserts it into a child's arm every morning and evening for five days. One dose, well selected, and allowed to have its full effect, is better than indecision and needless repetition."

The Bureau of Ophthalmology and Otology reported papers on "Diseases of the Lids," by F. Park Lewis, M. D.; "Tumors of the Lids and Diseases of the Lachrymal Glands," by J. H. Buffum, M. D.; "Stricture of the Lachrymal Passages," by D. G. Maguire, M. D.

The Bureau of Surgery presented papers on "Staphylorraphy," by I. T. Talbot, M. D.; "Injuries of the Abdomen," by Professor Hartshorne; "Hernia," by J. H. McClelland, M. D.; "Radical Cure of Hernia," by C. M. Thomas, M. D.; "Sphincterismus," by George A. Hall, M. D.; "Pro-lapse and Foreign Growths of the Rectum," by E. C. Franklin, M. D.; "Acute Peritonitis; Its Relation to the Diagnosis and Surgical Treatment of the Abdominal Viscera," by John C. Minor, M. D.; "Acute Intussusception," by N. Schneider, M. D.

Some general business of minor importance was transacted, appointments of committees announced, and then at 12 o'clock, the thirty-third session of the American Institute of Homœopathy was declared adjourned. Two hundred and two physicians were in attendance, and forty new members were received.—*Hahnemannian*, July, '80.

---

DR. J. P. DAKE at Milwaukee addressed this rattling question to the High Potency wing of the Institute. If inert substances—Sugar of Milk included—possess a pathogenetic spirit, what becomes of the disembodied spirit of sugar of milk, when the sugar of milk is taken possession of by the spirit of an active drug, like *Bellodonna* or *Nux-vomica*?

WESTERN ACADEMY, JULY 9, 1880.

*My Dear Dr. Valentine:*

Another session of the Western Academy has come and gone; but, in going, left us as keepsakes for future use, many pleasant memories of the past. Seeing that you ignored attendance, but did afterwards put in an appearance with your handsome "better half" at the Institute, in Milwaukee I propose as a punishment to let you know how much you missed by your failure to be at the Minneapolis session of the Academy.

As it is the personal reminiscences and contacts of these meetings which give them a peculiar social charm, I propose to write you a short account of matters almost entirely personal, rather than anything in the professional or scientific line. Indeed I could wish it were possible to give these meetings the requisite qualities of dignity and *eclat* without either papers or speeches on scientific and professional subjects.

First of all I know you are brimful of interest and curiosity to know how your own city's delegation did. Allow me to say to you, in all privacy and solemnity, that the "colored troops" from "the Future Great" "fought nobly," especially when in "raking range" of a — dining room or a beer saloon. The ponderous president, whom you had the honor of sending us, covered himself all over with glory three or four folds deep, which is no slight praise, seeing the amount of surface to be covered. He presided with dignity, promptness, and fairness.

His annual address, which, by the way, was one of the conspicuous features of the meeting, was an able, elaborate paper on human progress in the past, and the promises of the future, and was delivered in the most admirable manner.

Your Parsons, Campbell and Edmonds were active and conspicuous figures in the meetings of the Convention. Higbee inclined to the idea that when they shall have ceased to be useful as doctors, they might be made to do further service in the way of house building material, by being passed a few times through a lath splitting machine.

Parsons was as ever quiet, thoughtful and reticent. Campbell and Edmonds were in constant rivalry as to which should say the *sharpest* things *at* the men, and then make the nicest and sweetest speeches to the ladies. Campbell, however, had the inside track in being younger, good-looking and unmarried. At a most delightful informal lunch entertainment, given by the ladies of the city to the Convention, Campbell being a little off his guard, Edmonds went for the young man's laurels in gallant style, in a little two minutes speech of thanks to the ladies for their hospitable attentions. Your Mrs. Pearman was there with good looks and modest demeanor in full force, and for which she was made a vice-president.

George Washington Garfield Foote was with us. Of course he was! It would not have been any *meetin'* without him. Foote had seen clear through the political grind-stone from the beginning, and knew Garfield would be nominated from the start. He is sure of the Galesburg postoffice, but has not decided whether he will or will not strike for a similar appointment at Cairo or Chicago. When it came to the election of treasurer, it being stated by members present, that Foote had collected dues from them two or three times for the same year, such a habit and zeal being thought of most excellent repute, he was re-elected by acclamation, and probably now holds the treasureship by a life tenure, his probable duties as Galesburg postmaster notwithstanding.

Higbee! At the very mention of the name, who does not feel his greatful emotions well up in regular tumult, in memory of the tireless efforts of this genial, whole-souled man to make the Convention a success, and everybody comfortable and happy. Long may he wave!

Vilas put in an early appearance, and by dint of good looks, good manners and a sort of general expectation, was made president for next year by common consent.

Duncan came early and brought his babies with him, and what was worse, a large stock of their peculiar aches, ailments and maladies. The very sight of him gave one visions of a foundling asylum, with the imminent risk of being cascaded on by his entire brigade of mewling, pulling clients.

Hall, of Chicago, was a prominent figure in the convention. He has good ability, to which he manages to give much additional force by a sort of oracular dogmatism, advertising you before hand that it might not be either safe or prudent to controvert any views or opinions he may choose to promulgate.

Delamater, of Chicago, sparkles all over with wit and genial humor. He has decided ability, and occupied a prominent place in the sessions of the Convention.

Gentry, of Wyandotte, is a hard worker and enthusiastic homœopath—gets pretty high sometimes; oh! I mean in his *dilutions*, not in his “cups”—and having “no wool on his head, where the wool ought to grow,” has a wise and venerable look.

Hartz Miller was the best looking ugly man in the Convention. In Antwerp or Amsterdam, they write it Hans Mueller; in this country, for the sake of euphony, and to qualify for admission to the Knights of St. Patrick, we have it rendered Hartz Miller. Hartz was modest, quiet and reticent. He was a decided favorite in the Convention. Beneath his quiet, modest demeanor, there is a lurking demon of fun and fury, which it would be just as well and a little better not to molest or provoke.

If Burger, of Boonville, Mo., would sell out a half interest in his modesty and invest in brass, he ought to take a very decided stand in the profession. He was very attentive to the ladies, and especially the good looking ones.

Cain, of Stillwater, and Beaumont, of Minneapolis, are “good boys.” Give them a half gallon of beer or claret, each, (they would not care which, but would stickle for the quantity,) for a two hours sitting, and you could only listen at their yarns under a feeling of risk, from scrotal hernia or a spontaneous rupture of your midriff.

McAfee, rotund and good looking, wanted to be president, but finding Vilas had managed to get up a sort of pre-emption on the place, gracefully retired from the contest with a sort of general understanding that he is to have it next time.

I must not close this letter, now already too long, without allusion to the excursion Higbee gave us. I say Hig-



bee, as he simply acted as the organ through which flowed the hospitality of the good people of Minneapolis. First we had a railroad ride to the beautiful lake. At the lake we boarded a handsome steamer for a ride on its pure and limpid waters, and in mid-lake the steamer was boarded from an open boat by dear Mrs. Dr. Parsons, who invited us to stop at her lake-side cottage. After she had taken us in, you should have been there to see us *take in* the claret punch with the necessary appurtenances belonging thereto. The boats whistle only allowed about ten minutes for this most delightful little episode, when "all aboard," we sailed away for "Park Hotel," where we dined very sumptuously. After dinner while toging and resting we transacted some convention business. We returned to the city with many pleasant memories of a day spent in such delightful variety and hospitality. Adieu!

SMILAX.

---

*THE FEMALE PERINEUM.*

*Reprinted*

BY T. G. COMSTOCK, M. D., MASTER IN OBSTETRICS OF THE UNIVERSITY OF VIENNA, ST. LOUIS, MO.

---

Read before the Joint Convention of the Western Academy and Minnesota Institute of Homœopathy.

No medical man who practices obstetrics or gynæcology can satisfactorily pursue the practice of his profession, unless he fully appreciates the importance of the perineum in all its relations. He must first of all fully understand its anatomy, yet, as a matter of fact, there is not a book upon anatomy in the English language, which so describes the perineum, that "he who runs may read," in other words it is but imperfectly treated. This knowledge of the anatomy of the perineum is further necessary to the understanding of quite an array of complaints, which the general practitioner meets with in his daily rounds, but unfortunately practitioners have not given the matter such attention as its importance demands.

The perineum is the space between the anus and the posterior commissure of the vagina, or the space between the back-

ward curve of the rectum and the forward curve of the vagina, and is composed of fascia, areolar tissue and a fibro-elastic tissue, with blood vessels, it being really a union of tendons and muscles which coalesce at this point. Beginning at a point less than two inches above the margin of the perineum, the vagina and rectum, which have hitherto been near each other, begin to diverge, the vagina naturally curving forwards and the rectum curving backwards. This minor fact in the topography of the rectum and vagina should not be forgotten, for without its full appreciation, the peculiar shape of the perineum cannot be understood. This space between the rectum and vagina is wedge-shaped, and is described by Henle as a *Körper* or body, and is now called by gynecologists the *perineal body*. This perineal body is triangular shaped and is bounded on its external face by the plane ordinarily denominated the perineum. This is the space externally from the anus to the posterior commissure of the vagina, and when the female is in the erect position it may be considered as the lower side of the triangle. On the front side, the triangle is bounded by the posterior wall of the vagina, and on the rear it is bounded by the anterior wall of the rectum. Now this triangle which is the perineum, or rather the perineal body, at a distance less than two inches above the anus and commissure of the vagina, comes to a point, where as above described, the rectum and vagina are in proximity but it can be easily understood as we approach the outlet of either of these, that the distance between them becomes greater. This perineum, which as a whole we choose to call the perineal body, sustains the anterior wall of the rectum and prevents it from prolapsing, and *secondly*, by supporting the posterior vaginal wall, prevents it also from prolapsing. *Thirdly*, when the perineum is intact the walls of the vagina are in apposition so that the anterior vaginal wall rests upon the posterior wall, the bladder resting upon the anterior wall and against the bladder and the uterus, all of which are supported by the perineum. Lastly, as Dr. Thomas says, "the perineum preserves a proper line of projection of the contents of the bladder and rectum and thus prevents tenesmus, which may indirectly cause dis-

placements." Dr. Thomas describes the perineal body as the "*keystone of an arch*," although strictly speaking this keystone is an inverted keystone. Now take away this triangle, (keystone) or split it and you can readily conceive the result. A lacerated perineum is nothing more than *a splitting of this triangle* and an operation to restore the same, is nothing more than first vivifying these two torn surfaces, and then bringing them together and holding them in their normal position with sutures properly applied. A perineum lacerated ever so little will be liable to affect the health of any woman. Dr. Emmet, a noted authority on this subject, in speaking of the importance of all, even small injuries to the perineum, uses the following language:

"A laceration of the perineum is sometimes accompanied by a general irritability, which cannot be traced to any other cause, and is only relieved when it is restored. I have known several instances in which the existence of scars in the perineum had so much effect upon the nervous system as to entirely change the disposition of the woman, and yet they were not conscious of any local difficulty."

The perineum holds a very important relation with that change in the *uterus* which must normally go on after labor—we refer to *involution*. Anything that interferes with the process of involution may be a very important factor in disease, and no woman can enjoy good health after parturition, unless the process of involution is complete, and accompanied by a retrograde metamorphosis of tissue, which shall reduce the uterus to nearly its pristine size before conception. During pregnancy, the perineum, as well as the vagina, becomes hypertrophied and its tissue increased, and, after labor, not only the uterus, but likewise the *perineum and vagina undergo involution*.

Dr. Thomas first called the attention of the profession to this last named fact, and it is a fact most important, and one which explains to us many of the most important ailments of females. Whenever the gynecologist takes a new case for treatment of a parous woman who has borne a child, he explores the uterus to find its condition. If he finds it enlarged, showing sub-involution, he immediately searches for the cause of the same, and if it is possible to find it after removal of such cause, the process of involu-

tion may set up again and be normally completed. The perineum when not ruptured, as likewise the vagina, may be in an atonic and relaxed condition and seriously affect the health of the patient, the whole difficulty arising from defective involution. That such a condition exists affecting the vagina and perineum may perhaps be new to some practitioners, however, if the physiology and pathology of the perineum and vagina, as evinced by their condition after a labor are thoroughly studied, defective involution affecting them will be found to be an ailment of not infrequent occurrence.

Now, if it is possible after a normal labor to have a feeble, atonic, relaxed condition of the perineum, although without rupture, what may not be expected, when the perineal body is rent? When a woman has a complete rupture of the perineum, so that the rectum and vagina are almost reduced to one canal or a cloaca, the consequences of this are apparent to the patient herself and to every practitioner that she calls upon to attend her, but in this connection let me assert *that every portion of the tissue of the perineum which is destroyed weakens it relatively.* And right here I will take occasion to enumerate a few of the ailments and complaints which are liable to set in as direct results of rupture of the perineum. Prolapsus of the vaginal and rectal walls (cystocele and rectocele), septicæmia, endo-metritis, sub-involution of uterus and vagina, catarrh of the uterus (leucorrhœa), prolapsus uteri, chronic cystitis, pruritus vulvæ, and as further consequences sterility, hysteria, neuralgic conditions, neurasthenia, and a host of nervous disturbances and other neuroses, the result of reflex-nervous irritation.

Laceration of the perineum, which is a great factor in preventing complete normal involution of the uterus, is not the only cause of this condition. Laceration of the cervix is also to be enumerated, something quite as important as the former, and really, until within the past ten years, but little understood by the profession generally. I deem it not improper to make this mention regarding laceration of the cervix, because its diagnosis is more difficult than laceration of the perineum, but when once

diagnosed, its surgical treatment is even safer, and numerically speaking, more successful, than operations for the restoration of extensive ruptures of the perineum of long standing.

One object of this paper is, to call the attention of practitioners of midwifery to the importance of *always examining ocularly the condition of the perineum after every labor, and of closing immediately any rupture that may be found to exist, by surgical means.* I repeat, the rupture should be closed by surgical means, because, although a slight rupture of the perineum usually heals by the powers of nature, yet the union is not by *first intention*, and its existence renders the convalescence of the patient tedious, so that she will be liable to have a protracted confinement, and her getting up will be slow and tedious. In addition to this, she is more liable to have septic puerperal processes set in—perhaps septicæmia, all of which may be avoided and prevented by properly closing the rupture with sutures immediately after delivery. Some gynecologists classify perineal ruptures into three varieties: a simple or slight laceration, a central laceration and a complete laceration; but we prefer the classification of Dr. Thomas, as follows:

*First*, superficial rupture of the fourchette and perineum not involving the sphincters; *second*, rupture to the sphincter, and *third*, rupture through the sphincter, and *fourth*, rupture through the sphincter and involving the recto-vaginal septum. Either variety of rupture above enumerated may cause a good deal of trouble if left to nature. The first variety may heal, but never, as previously stated, by first intention, but by *second intention*, by granulation and the formation of more or less cicatricial surfaces and scars at the seat of the rupture.

Experience has proven it to be far better, far safer, more salutary and satisfactory to the patient, for the accoucheur to bring the parts together, so that they may be in a condition to heal *prima intentione*.

*Let no practitioner be too modest to satisfy himself whether or not rupture exists.* If he finds this to be the case, he should at once place the woman upon her left side,

with her hips at the edge of the bed, and taking a candle in his hand, with the aid of the nurse, carefully examine the parts and separate the labia to see the extent of the fissure. If it is a case of rupture of the *first variety*, the parts are to be brought together, and either *serre-fines*, or Höff's automatic sutures, applied.

Sometimes the vagina is ruptured high up, and the perineum itself seemingly not torn. In such a case, *separate vaginal sutures* of carbolized silk must be applied, beginning at the *upper end* of the rent and descending to the perineal body. After applying the *serre-fines* a cushion or pillow should be applied between the knees and they tied together, and the patient lie upon her side, for some seven or eight days, then the sutures may be removed. If necessary, the urine should be drawn by the elastic catheter twice daily. If the patient can pass water without the aid of the catheter, her nurse should after each micturition inject the vagina freely with carbolized water.

In more extensive lacerations of the *second* or *third* variety, the treatment to be pursued is the application of sutures with *silver wire*. I need not enter into a detailed description of the manner of performing the operation, as the sutures are to be applied according to the principles and practices of surgery, especially as detailed in the works of Goodell, Emmet and Thomas.

The experience of the writer goes to show that it is far better to close a ruptured perineum *directly after labor*, than to wait for some months, until the patient recovers from the immediate effects of her confinement. As a general rule the immediate operation is a success, and the failure of the perineum to unite by first intention is an *exception* to the general rule.

It may not be inappropriate to state in this connection that rupture of the perineum is of *frequent occurrence*, and it is overlooked, and its existence unknown, because practitioners of midwifery have not been in the habit of examining their patients by ocular inspection after the completion of labor; in this paper we have insisted upon the necessity of a *new departure* in this practice. In the Cincinnati city hospital,\* for the past two years, in the lying-in wards, the

\*The *Obstetric Gazette*, May 1880, Page 551.

internes have been directed to *examine every case ocularly* after delivery, and as a result, of one hundred and forty-two labors which were primiparæ and fifty-nine multiparæ, there were seventy-five cases of rupture of the perineum among the primiparæ and five among the multiparæ. This is about 37 per cent. of the whole; 50 per cent. of primiparæ and 8 per cent. of multiparæ. This proportion of perineal ruptures is about a fair average of hospital practice, but in private practice may perhaps show a less per cent. Of course, in most cases, they were of the *first variety*, but nevertheless the per centage is sufficiently large to require the careful attention of the obstetrice to such accidents.

## Books and Pamphlets Received.

THE 38th MISSOURI UNIVERSITY CATALOGUE. 1880.

THE ELECTROTYPED.—200 S. Clark St., Chicago, Ill.

ORATION BY DR. E. A. GUILBERT on Decoration Day at Dubuque, Ia.

CIRCULAR of the Horological and Thermometrical Bureaux of the Winchester Observatory Yale College.

PHYSICIANS HAND BOOK for the use of Petroleum Remedies. 40 Water St. Boston. C. Toppan consulting chemist.

ON FLUID EXTRACTS as proposed for the coming Pharmacopœa. Reprint from *Therapeutic Gazette*, April, 1880. Detroit, Mich.

LUCY RODEY.—A novel.—By Henry Greville. Translated by Mary Neal Sherwood. Philadelphia: T. B. Peterson & Bros.; 50 cents.

DISEASES OF INFANTS AND CHILDREN.—Vol. II. By T. C. Duncan, M. D., Chicago, Ill. To be reviewed. Duncan Brothers, Publishers.

ETUDE SUR LE TRAITEMENT HOMŒOPATHIQUE DE LA CONSTIPATION Per M. le Docteur H. Bernard, de Mons. Brussels. Rue de la Riviere 3.

ANNUAL DIRECTORY of the Homœopathic Physicians in Iowa, Minnesota and Wisconsin for 1880. Price 50 cents. Iowa City Publishing Company.

THE ABUSES OF MEDICAL CHARITIES.—By Drs. M. P. Hatfield and Roswell Park, Chicago Medical College. Reprint from Chicago "*Medical Gazette*," March 1880.

WILSON ON INTERMITTENT FEVER. Special indications for thirty-five Remedies.—By T. P. Wilson, M. D., Professor of Theory and Practice in University of Michigan. Boericke & Tafel, Philadelphia.

**PATHOGENETIC OUTLINES OF HOMŒOPATHIC DRUGS.**—By Dr. Med. Carl Heinigke, of Leipzig—translated by Emil Tietze, M. D., Phila., Pa., pp. 576. Boericke & Tafel, New York and Philadelphia, 1880.

**HEMPILIS MATERIA MEDICA AND THERAPEUTICS.**—Third edition, Vol., I. Revised by the author and greatly enlarged by H. R. Arndt, M. D. W. A. Chatterton & Co., Publishers, Chicago, Ill., 1880. A review to follow after a thorough examination.

**HANDBOOK OF DISEASES OF THE SKIN AND THEIR HOMŒOPATHIC TREATMENT.**—By John R. Kippax, M. D., LL. B., Professor of Institutes and Practice of Medicine, &c., in Chicago Medical College. Duncan Brothers, Chicago, Ills., pp. 208. This little book is a credit to its author and to our school, and full of valuable information found nowhere else in our literature.—[ED.]

## Editor's Drawer.

**REMOVED.**—J. C. Pennington, M. D., to Logan, Kansas.

**MARRIED.**—Dr. Ch. A. Lyman to Miss Delia E. Gilman, at Burke, Wisconsin. Our congratulations. We know how it is ourself.

ST. LOUIS, June 15, 1880.

**EDITOR CLINICAL REVIEW.**—DEAR SIR:—In your report of the discussions of the St. Louis Medical Society (May No. p. 111) I am made to say that epithelioma is not hereditary; that I presented twenty-five preparations of cancer to Dr. Fraley of London, and he could not decide whether they contained cancer cells. As this is simply ridiculous, and as no such statement was made, will you please correct same by giving what I did say, namely:

That simple epithelioma is not necessarily hereditary. That I submitted twenty-five mounted sections of typical cancers to Dr. Brailey, and asked him, in discussing them, if it was possible in every instance to determine and classify cancer by microscopic examination alone without a history of the specimen, and he replied he could not in every instance do so.

Fraternally yours,

JAS. A. CAMPBELL.

SACRAMENTO, CAL., July 5, 1880.

**DEAR EDITOR**—Your P.O. card duly received. Combined influences finally took the county hospital back to the Allopaths. Political influence and a large amount of *cash* “put where it would do the most good” did the work. The allopaths not only of our city but of the State combined in the conflict.

The Homœopathic management of eight months was a *complete success*, and has made a record for us. Public sentiment is with us, and it is only a question of time when we recover the hospital. The reference in your postal card (slip cut from N. Y. *Clinical Record*) to drugs used, etc., is merely a fair example of the statements made by the allopaths



during the "war." The county paid for no drugs during Homœopathic administration, (except for disinfectants, etc.) The big drug bills referred to were for drugs used in the allopathic department of our city and county dispensary and charged by the Board to the *General Hospital Fund*. The attempt to saddle them upon us was an ignominious failure. Wish I could see you and tell you all about it. We still control the city Board of Health, and have a representation on State Board.

Fraternally yours,  
G. M. DIXON.

To the Editor of the *Globe-Democrat* ·

DR. TANNER'S FAST IN THE LIGHT OF PROFESSIONAL BIGOTRY.—St. Louis, July 8, 1880.—To-day's paper contained what purports to be an account of an interview with Dr. Hammond in regard to the "Tanner fast," which, as a sample of professional bigotry, is alike discreditable to Dr. Hammond, to his profession, to science and the enlightened and progressive age in which we live.

Dr. Hammond plainly states that the tests and restrictions to which Tanner is being subjected are worthless, because he is in the hands of eclectics and homœopaths, who are interested in helping him to practice a fraud upon the public. What may be the peculiar mental and moral qualifications of those specially having the Tanner trial in hand we do not pretend to know. And whether Tanner himself may be a reckless adventurer or an unscrupulous fraud seeking public notoriety we not pretend to determine. But this we do undertake to affirm: When Dr. Hammond goes out of his way to make an unjust and indecent thrust at a great body of learned and scientific men because of certain professional peculiarities, he evinces a mental and moral bias which, under suitable temptation, might probably lead him to the commission of precisely the same or any similar wickedness as that with which he now charges the homœopaths.

The world has got too old to be any longer humbugged by saintly prating about one's own honesty and the roguery of his neighbors. As a very general rule justice and truth require the exact reversal of the two parties respectively. We confess we do not very well understand how the kind or quantity of physic a doctor may take or administer can have anything to do with his aptitude for telling the truth. Probably in exceptional cases it might be necessary to puke, purge, blister, scarify, bleed and salivate one "within an inch of his life" in order to get the truth out of him. Such a case we suppose purely exceptional and not the rule. Whether Dr. Hammond falls within the rule or under the head of exceptions we leave others to determine. Heretofore we have been inclined to regard Dr. Hammond as a credit to his profession. In the light of the late "interview" he takes rank as a miserable bigot, in whose behalf it would be some palliation to render a plea of dotage or imbecility. It is pretty late in life to have made the discovery that the good and learned doctor has mistaken his calling. Let him at once be constituted Grand Inquisitor General for the world at large, with plenary powers to look after Bradlaugh, the Jews and Catholics in the English Parliament, the Jesuits in France, the burning of witches, and exact enforcement of the New England Sunday Laws.

W. A. EDMONDS, M. D.

**TO THE MEDICAL RECORD.**—N. B. Our letter from Sacramento.

**A SHIP LOAD OF DOCTORS.**—The American Institute on the *vastly deep* going to the London Congress next year.

**PACIFIC HOMŒOPATHIC PHARMACY**—Just opened in San Francisco, Cal., 44 Geary street. GEO. F. BEARDSLEY, Manager.

**WE forgot to give credit to the "New England Medical Gazette"** for Dr. Wesselhoef's paper, reprinted in our June number.

**MICHIGAN NEWS.**—Dr. Sam. Jones is out of the University. No particulars received: nor do we know the name of his successor.

**WE LIKE PEMBERTON DUDLEY.**—He wrote up the Institute proceedings for his Hahnemannian, and we have copied. Saved us lots of trouble.

**MORPHINE CRAMPS.**—Three different doctors report in the "Medical Brief," a number of cases of cramp colic produced by Opium and Morphine, given as an anodyne. Another Homœopathic straw.

**INDIANA INSTITUTE OF HOMŒOPATHY.**—Officers for ensuing year: President, O. S. Runnels; Vice-Presidents, W. Thomas Elkhart, and S. C. Whitney, La Porte; Secretary, B. F. French, Indianapolis; Treasurer, J. R. Haynes, Indianapolis.

**DR. RICHARD HUGHES** resigned the Chair of Materia Medica and Therapeutics in the London School of Homœopathy, and Dr. Alf. C. Pope was elected to fill the vacancy. Dr. H. is delivering a Summer Course on Institutes and Pharmacodynamics.

**TO THE MEMBERS OF THE CAN'T-GET-AWAY CLUB.**—You certainly missed it by not going to Milwaukee. To have seen Dr. Potter's wife, and Sherman's and Olmsted's, would have paid you a thousandfold for the outlay. You'll not find their equals in America, unless you have seen the divinity—that presides at our table.

**CONSTIPATION.**—"And then in *Mezerium* we get an all but never failing aperient. A drop of the mother tincture taken at bed time in a little water, will be followed next morning by an easy, natural action from the bowels, and unaccompanied by pain or straining. Though I have used it in some hundreds of cases, and for many years, I have but seldom known it to fail.—Dr. Robt. T. Cooper, London, in July No. *Monthly Homœopathic Review*.

## A HOMŒOPATHIC TREATISE ON THE DISEASES OF CHILDREN, By

A. TESTE, M. D.

Translated from the French by Emma H. Cote. Fourth edition, revised by J. H. Pulte, M. D., 342 pages, cloth \$1.50.

This valuable standard work, which has been out of print for several years, has just been reprinted and is now to be had again at all Homœopathic Pharmacies, or will be sent, post paid, on receipt of price, by  
BOERICKE & TAFEL,  
New York, Philadelphia, Baltimore, New Orleans, San Francisco, Oakland, Cal. or Chicago.

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME III.

ST. LOUIS, AUGUST 15, 1880.

NUMBER 6.

---

## *PRESIDENT WALKER'S ADDRESS.*

Delivered before the Joint Convention of the Western Academy and  
Minnesota Institute of Homœopathy.

The obligations, under which the partial kindness, which seated me one year ago in the presidential chair of your Academy, has laid me, and the grateful sense which I hold and cherish of these obligations, have roused me like a trumpet blast, to an energy of thought and feeling, of which I had for sometime deemed myself practically incapable. I was lying mentally crippled, I fear, by the sullen pool of Absorption in personal interests and professional cares, when your angel kindness descended, and so troubled the stagnant waters of my life, that I feel, throbbing in my mental veins, something that resembles the strong current of returning health. Or, to change the metaphor, I was mentally growing old; had paid my score, and bidden a tacit farewell to the more active duties and responsibilities of the world of mind; had resigned myself to dressing-gown and slippers, and was only thinking how I might spend my declining years in pleasant and graceful repose. Then your flattering courtesy came, like the fabled adventurer of the east, and led me to the fountain of perpetual youth, and I drank and became—the boy you see.

In sober sooth—to one who suddenly awakes from the lethargy of indifference, or pauses from the ardor of professional pursuits to look about him over the world, and

note the changes, material, mental and moral, which mark the advancing civilization of our time, it does seem as if some magical agency were playing strange tricks with his intelligence. The earth, the air, the elements, wear the yoke and do the bidding of man. Time was, as we know, and not so very long ago, when this order was reversed, when man was the trembling servant of material things. They awed, and frightened, and subdued him. He saw in them the types and expressions of a superhuman and resistless force. There was a spirit in the hills, and in the valleys, in the clouds and in the storms, which he dared not encounter, and dreaded to provoke. Led by his priests and rulers he fled from the presence of the scourge to the altars of his gods, and there crouched, and shuddered and prayed. To-day, he has bound the giant earth with fetters of steel—he has tunnelled its everlasting hills—bridged its bottomless abysses—dried up its deadly morasses—jettied the impassable channels of its rivers, and reclaimed much of its boundless waste. The iron teeth of his multiform machinery are harrowing its reluctant bosom into fruitfulness, or digging deep in bowels and turning all its hidden treasures into the light of day. The blast-fires of his thousand furnaces, and the myriad wheels, and arms, and hands of his ceaseless industries, make the night lurid with the threat of his power, and the day vocal with the boast of his triumphs.

His towns and cities spring up almost in a night, as if by magic; and where yesterday was naught but the smiling landscape, to-day we see the rush, and hear the tramp of busy thousands in the eager race for wealth. And these men of the new towns, whenceever they come, have left no desert behind them. The swarming hives of civilization are yet full to repletion. The great cities grow greater day by day. Beneath and above the ever crowded streets are new channels for commerce and transit, while the old seems more thronged than before. Fire and water have not only been tamed and disarmed of many of their wild terrors, but subdued and harnessed to the carriage of daily necessity and convenience.

They draw man's burdens and lift his weights; and load

and unload the cargoes of his ships, and boats, and cars. They bear the messages of his intelligence on aerial or submarine roadways, over earth and through ocean, and endue him with a kind of terrestrial ubiquity. Faithful servitors are they, whose powers have grown with use; but they do not satisfy their master. They are too feeble and too slow to meet the force and fire of his impatient wishes. Already he is anticipating the time when he can substitute them by gentler, stronger and more tractable powers, and contemptuously dismiss them to an eternal repose. His daring and adventurous genius has met and subdued the hideous dweller of the threshold; and the spirits of the earth and of the air must come at his call and do his bidding. Even while I speak he is in earnest converse with them, wringing from superhuman strength the secret of its powers and processes—a secret, which, when won, will enable him to turn night into day, and annihilate time and distance.

The wisdom of the school men is to man now but the toy of his mental childhood, which he has broken and thrown away for things worthier of his time and strength. His philosophy has become universal, and seeks the "*raison d'état*" of all things in heaven and earth. The old dogmas of opinion, which were supposed to define the ultimate limits of man's thought, and beyond which he might not wander on any mental excursion without invading the terrible realm of madness, have been broken down and trampled under foot by a skepticism as successful as it was daring; and these barriers once leveled, new worlds of mind have been discovered and colonized far beyond the Ultima Thule of our father's boldest thought. Kent, Hegle, Buckle, Spencer, Darwin, Tyndall, Huxley, and Bastian are but familiar examples of names which have opened endless vistas to the eye of mind, in regions whose darkness a little while ago, no light of human intelligence was strong and bright enough to pierce.

The German genius essentially *subjective*, with an introspection as subtle as profound, has probably touched the last analysis of the powers and properties of mind; and while it has gone hastily like a first discovery through this vast and comparatively unknown country, noting only here

and there its most striking and obvious features, and while there are necessarily many errors and no little confusion in the maps and charts with which it has furnished us, yet there has come one after it who in many respects is greater than itself. And it remained for the Anglo-Saxon Spencer to gather and group and set in the strongest light of reason and common sense all the best and highest results of German thought. For the Anglo-Saxon mind is quite as essentially *objective*, or what we are accustomed to call *practical*.

Its genius is almost wholly utilitarian. It originates and discovers it is true; but then its inventions are machines and methods, its discoveries are powers and processes. It creates only for its needs, and designs only for its ends. It is impatient of all darkness, confusion, waste and uselessness. It cares little for any knowledge, save that which may be applied. It works for pay or it does not work at all. If occasionally it achieves a mental triumph which is for all time; if its feet touch the rock of some ultimate truth which no other step has ever reached it is unconsciously and by accident and while seeking for valuable ores or precious stones; even in the realm of poetry, its greatest bard must needs write for his own acting and for his daily bread, the plays which unknown to himself were to win him the rich guerdon of universal and immortal fame and honor. The Teutonic and Anglo-Saxon races may thus be said to divide between them the whole vast and splendid realm of modern mental conquest; for the Latins are but subordinate colonists in these countries, and the French do but amuse themselves whenever they venture there with intellectual pyrotechnics. I have said thus much on this point, because it was needful to the apprehension of the truth that the whole robust and beautiful issue of our later philosophy were born of the intermarriage of German and English genius.

But in nothing is the progress of modern thought more distinctly and strikingly marked than in the change and growth of religious opinions; because these being the essence of faith and so long confounded with the substance of virtue, had preserved an unbroken front long after the cohorts of science had carried confusion and death into the

camp of other popular errors. Orthodoxy, save as crystallized insects, and guarded in the strong holds of profitable organizations is already a thing of the past.

Firm faith in the old dogmas is now really held by few whose limited capacity and intelligence does not disqualify them to judge fairly of truth, or whose material interests have not so deeply corrupted their judgment as to blind them to the conditions of any honest issue of fact. To instance in a single point it is perhaps not too much to say, that no calm and cultured mind, either in the churches or without their pale, rejects to-day the conclusions of Darwin with regard to the origin of species. His irrefragible reasoning carries with it so strong a weight of probability, as even without the demonstration of a connecting link, to crush out the possibility of an opposite belief in every candid and capable mind. And the entering wedge of this simple truth has so deeply cracked the gnarled and stubborn trunk of orthodoxy, that the light of heaven already touches and stirs its cold heart, and there is good hope of its being riven into the materials of use and beauty.

Within the last decade an epidemic of free thought has invaded almost every religious community in christendom. The Protestants of France, the old Catholics of Germany, the churchmen and dissenters of Great Britain, and the press and pulpit of our own country have uttered spontaneously and without mutual conference those broad and startling conclusions which have sapped the very life of the old faith.

Biblical criticism has become all at once discriminating, candid, faithful and severe. The apologists strike faintly back with failing heart and strength, and many of them refuse to strike at all. The conflict between science and superstition is nearly over; because superstition must perish with the general acceptance of the obvious truth, that science is mere certainty, or the relation of sameness between things and our notion of them.

These rapid and tremendous changes invite and almost compel speculation upon the theme of their final outcome. Since civilization advances with constantly increasing velocity, and ever greatening force, what will be the end of its



progress and the limit of its achievements? Or shall the one have no end and the other no limit? To us who stand upon the height of fifty years, and can look back over the growth of half a century, the country—the world of our childhood has already passed away. We recognize hardly a common feature in the landscape of the *then* and *now*.

At the same rate of progress—and if we are to judge of the future by the past, the rate must be indefinitely greater—what scene will meet the view of the observer, who shall stand upon the next centennial height? A hundred years hence and whereunto will the world and mankind have grown? What mind so dull as not to have asked itself this question, and have been dizzied by its own response? Then, for a moment, sweep away the limit of a hundred years, and look down upon the innumerable centuries of the far “*to come*” and tell us oh, soul watcher, tell us “what of the night!” “Surely the night cometh and the morning” when man will have subjugated the last rebellious energy of nature, and wear the crown and wield the sceptre of unresisted dominion over all her wild and restive forces. Then universal liberty, convenience, comfort, facility and power must be the inheritance of humanity. Wars must cease, because the agents and facilities of destruction will be such, so many and so deadly, that war will mean the common extermination of the nations that engage in it. The force that brutalizes and degrades will be substituted by the “sweet reasonableness” that melts and subdues.

The magnetic and physical forces of which we see now but the occasional phenomenon and understand hardly anything, will have revealed their laws and methods and become subordinate to the daily uses of man. Universal health and pleasure and long and vigorous life will take the place of the disease and debility which have so long tortured and crippled our race; being as they will be the simple, natural, and necessary effects of that perfect knowledge and strict observance of the laws of life and health, which will then have penetrated and controlled every rank and condition of society. Even now we can see that the coming physician will be he who most largely and accurately possesses, and can most successfully impart to



others a knowledge of the laws of life, and the secret of the powers and properties of those agents which nature has designed to preserve. The average date of human life is perceptibly increasing to-day, and any one can see that with the steady growth of sanitary science it must continue to increase indefinitely, and it is even not difficult to conceive that the general average of human life may far exceed that of the times of Methuselah. In that remote future the thought of what must be the mental progress and power of man strikes us with a sense of bewilderment. We all do know that the intellectual *dwarf* of to-day sees farther than the intellectual *giant* of a hundred years ago, because as we are accustomed to say, the dwarf sits upon the shoulders of the giant. What then will be the mental grasp of the intellectual *giant* of the future? Who besides his own marvellous wealth shall have inherited the knowledge and genius of all past time? When the growing habit of intellectual sincerity, which is even now the tendency in temper of our own times, shall have been developed and purified until the intelligence becomes as crystal to every ray of certainty; when the mastery of subjective and objective truth shall be simply perfect; when nature shall hold in reserve from the grasp of human prescience no dark and stubborn secret; when analysis shall have penetrated the Infinite and opened for itself a clear and easy way to endless progress—when Intelligence shall be the obedient servant of Will, and Will the constant energy of Wisdom; what sort of man will he be who shall embody and voice in himself and his conduct of the issues of life, all these tremendous powers and glories? He will be simply, if we are able to conceive it, the man of that future whose conditions will have made him all that he is and which conditions you and I in our humble degree are aiding to create.

In this connection, therefore, it may be well to ascertain as completely as we can, in a necessarily brief, imperfect and condensed review, the value of the contributions which our own special science is making to the progress of the world.

## OUR MATERIA MEDICA.

The growth and development of this department of our profession, in a period within the memory of the youngest member of this Academy are such and so great as to fill the mind with admiration, wonder and hope. Provings have been multiplied, and methods and arrangements condensed and simplified, until "he who runs may read" accurately and intelligently, almost all the medicines indicated by disease. In this matter, an easy comparison with works of the Old School, will show to any unprejudiced mind that we are justified in the seemingly proud boast that Homœopathists possess the only real and intelligible materia medica in the world. The works commenced or completed within the last year or two are wonderful, and those which are foreshadowed for the next few years, make us exult in the capability and industry of the profession, and in the grand future of Homœopathy.

## ADVANCES IN MEDICAL ART.

In the mechanics of medicine the improvements have been as numerous, as splendid. New ones have been invented or discovered, and old ones have been tested—"weighed in the balances and not found wanting." Of these we can have space to particularize but a few. Prominent among these is Lister's employment of the atomizer with *Carbolic acid* spray as an antiseptic method during surgical operations and in the treatment of wounds. He deserves a special honor for the tremendous percentage of difference which it has, and which it still promises to make in the safety of operations, and the encouragement it holds out to the surgeon to venture upon more formidable ones, which otherwise would never have been attempted, and without which the suffering victim would have been consigned to the undertaker or the cremator. The results of the antiseptic method have not only been in the saving of life and in the restoration of function, but also in shortening convalescence. All this seems indeed, a miracle of healing; a magical shower of mercy, which insulates the bruised and mangled conditions of life from the poison-

ous and malignant tribes of the atmosphere, until the crippled energies of nature shall have gained time and strength to rebuild their broken walls.

The application of drainage tubes of rubber or glass in the treatment of effusion into the serous sacs—in compound and semi-united fractures, and in spinal, psoas and lumbar abscesses; the use of rubber bandages for ill-conditioned ulcers; plaster jackets in spinal deformities; air and water pads for splints, and employment of thermo-cautery in various surgical operations, are note-worthy examples of improvements in the mechanical department of our art.

It would seem, also, from the improvements in Gynæcology and Obstetrics, that medical science is essentially masculine and gallant, recognizing the claims and paying special attention to the needs and weakness of woman. The nicer distinction made in the application of drugs, and the wonderful progress made, even in the last twelve months, in surgical manipulations of this department, are evidences of the delicate and tender attentions paid to woman. If such things go on; it is not difficult to foresee the day when the original curse shall be lifted from the destiny of woman by the loving and daring hand of science, so that she shall no longer languish under a peculiar burden of suffering, nor bring forth children in pain and anguish; until motherhood shall become in a word, as safe and as pleasant in its processes, as it is divine and holy in its results.

As a means of diagnosis and prognosis, the clinical thermometer is deserving of no small praise. This faithful register of the intensity of those vital fires, which animate or consume, serves for the instant solution of a thousand doubts in the mind of the medical practitioner whose persistence would mean his patient's death. It supplements, and to a large extent substitutes, his own presence in the sick room. It is a sort of ubiquitous eye and hand, by means of which he can accurately test his patient's condition during all the hours of his necessary absence from his side, and thus multiply, by many fold, the chances for successful treatment. The Sphygmograph and the Sphygmaphone have reinforced the sense of feeling, in the reading of the pulse, by the powers of the eye and the ear. The

tell-tale artery now scribbles, in its own hand-writing, and sealed with its own sign manual, the condition of those vital currents on which depends the life and health of man; and it has even found a voice which can penetrate through miles of distance, to the intelligence and culture which must otherwise be excluded from the council whose decisions are fraught with the awful verdict of life or death to the sufferer.

These discoveries would seem to herald the time when the deadliest pestilence may be insulated and throttled by benevolent agencies, which need no longer seek their own destruction in the rescue and relief of imperiled and suffering humanity.

The application of hot water—110° Fahrenheit—for the arrest of hemorrhage, was apparently one of those reckless ventures of empirical medicine, which seemed to sin against all our experience of thermal effect, and whose audacity could only have found justification in its complete success. It should serve to remind us of the eternal truth, that the infinite realm of the untried may yet be clothed with practical omnipotence in the world of healing.

In the study of climatology, also, what surprising advances have of late been made! A few more years of such progress, and we may be able to name with simple certainty, all the climatic conditions of health and disease.

Local hygiene has discovered, and proved by the testimony of thousands of dead and living witnesses, that the sewer is the *savior* of the city; and that no plague, white—or red—or black—or yellow, can stand face to face with clean and thorough drainage. Gradually, as this knowledge increases, and is disseminated, residences in town and country, public buildings, and especially schools, colleges and hospitals, and the whole system of food and water supply and waste, will be so constructed and conducted, that safety, health, comfort and pleasure, will be the natural and easy conditions of every phase of social life; and then will have dawned the glad day when even the *poor shall be rich* in their possession of the gospel of health and life,

Such are a few of the many things which indicate the value of medical science as a factor in the grand product of

the growing welfare of the world. The mission of the Healer and helper is indeed the noblest of which the mind can conceive; and when this divine beneficence, hallowed by purity, and illumined by genius, shall distinguish the whole rank and file of our profession, the triumphs of the past—its victories over the foes of humanity—will seem of little worth, when compared with the greater glories of the future.

I remark in passing, what must be sufficiently obvious to every observer and thinker, that the prevailing spirit of the age, and which especially marks our own country—the growing restlessness of men and women, the rapid rush and deadly impetus of pursuit—is producing its effect in an increasing tendency to nervous disease; and if we would not see the medical victories of the past neutralized or shamed by future defeats, we must be prepared to meet and struggle successfully with this new, and more dangerous development of our ancient enemy. Disease has protean forms, and mastered as he has been in grosser fields, he hopes to succeed in a new and more subtile role. It must be ours to meet him *there* and *thus*; to stand undiz-  
zied on this outmost verge of material life, and win for humanity a final victory over the fiend, who so baffled and defeated, still pursues, and would destroy her. In view of this new danger, we see with particular pleasure the growing tendency of advanced medical culture to group itself in those departments which are called specialties. This, in my opinion, is as it should be; and it indicates more strongly than any other circumstance, the advance of the profession towards the mastery of every form of disease and suffering. It is doing in the intellectual world what has long been done in the mechanical; and it will be justified, I have no doubt, by those marvellous results, which have uniformly attended the division and combination of labor.

It may be expected that I should speak particularly, in this address, of the comparative rank and efficiency of the Homœopathic division of the grand army of medical science; and I have no motive to shun a reference so pointed and direct. We have now near six thousand Homœopathic practitioners in the United States, and this

shows an increase of one thousand over the estimate of the lamented Carroll Dunham, in the centennial year. We have eleven full-fledged colleges, equipped with every facility and adorned by all the talent and culture needed to give assurance of their large and enduring usefulness.

In literature we have scores of books, where, a few years ago, we had only units; and the books are growing perceptibly better and greater every year; while to notice, and commend or censure these, and to keep us appraised of all the conditions of our rapid growth, we can count our journals by the score. And, which is still more significant of progress, we have achieved, against what a little while ago was a minimum of public recognition and a source of personal and professional mortification to us all, a large and liberal consideration throughout the whole country. Our representatives are named to honorable commissions, and share liberally in the patronage of the government. We are no longer without weight and influence in society. The day is past when, at the instigation of professional jealousy, we could be ignored, slighted and contemned.

We have names of world-wide reputation and enduring renown. And all this gratifying consideration has come unsought; has overtaken us in our quiet pursuits of the great ends of our profession; and, almost unconsciously to ourselves, has crowned us with glory and honor. Of this fine success the west has been and is no inconsiderable factor. Within the legitimate scope of this Academy we have not less than three thousand practitioners, and the attendance upon its annual sessions has been about 5 per cent. of the practitioners for the seven years of the existence of our organization. In proportion as the number of practitioners increase, so, doubtless, will the active members of the Western Academy. We have thus, for mutual, denominational and professional gratulation, the strongest and most solid grounds; and may not unreasonably indulge the hope of a much larger, and more splendid, professional and social success for the west and for the whole country, in the near and remote future.

It is the custom, I believe, on occasions like the present, to take some note of the vacancies which death has made in

our denominational ranks during the months that have elapsed since the last annual meeting of this Academy; and this custom, it seems to me, is as creditable to our *own* piety, as it is honorable to the reputation of the men who have passed away. It is such a holy and beautiful embalming of the memory of their genius and worth as may prevent for a longer or shorter time, the natural decay of forgetfulness. It is the antiseptic of affection. It is the scattering of flowers upon the clay, or the hanging of wreaths upon the urn of the departed; which, though they soon may wither, will yet long bind the hearts that conceived and the hearts that caressed them, and apprise even the indifferent passer, of the precious quality of that dust which his careless foot might otherwise profane. We have time and space to name but a few.

W. H. Woodyatt, the eminent oculist of Chicago, one of the founders of the Chicago Homœopathic College — a member of the faculty of that institution, and one of the brightest members of this Academy, died young in years and full of promise, February the 24th, of this year.

On the 24th of September, last, passed away the renowned and scholarly Charles Julius Hempel — almost the father of Homœopathic literature — blind, and paralyzed, yet praying with his latest breath for the success of the youngest-born of the children of his mind.

On the 10th of last November, at his home in Madrid, died the venerable and celebrated Marquies de Nunez — the pioneer of Homœopathy in Spain.

In this connection, I will take the privilege of speaking of one, who, although he died more than one year ago, yet for his many good qualities of heart and head deserves a niche in the shrine of these immortals. Diedrich Reinhard Luyties, of St. Louis, Missouri, died of fatty degeneration of the heart, January 10, 1879. During the twenty-five years of his practice in St. Louis he did more to establish Homœopathy in that city, than any practitioner of our School. His quiet, unassuming manners — his unblemished personal character, his kindly heart, and the careful consideration of all the symptoms of the patient placed in his charge, endeared him to his patrons, and excited the admiration of his personal friends.



There are reports of the presence of the remains of the  
American and British in the mountain pass. No  
large number of the bodies have been found and it is  
not yet known how many of the bodies are still in  
the hands of the enemy and whether they are  
being used for any purpose or not.

[illegible][illegible]

For the year 1964, I believe it was in the  
2. 1964-1965, I believe it was in the



much. The vision is too vast and  
 vast. Here — where we might  
 and feed them for ages  
 spare — who is bold  
 the hands of time  
 infinite ben-  
 at future  
 apa-

# IONS

, 1880.

He re-  
 from cats'  
 of the eye  
 the ophthal-  
 mode of use,  
 ion of the eye.  
 ds. It was the  
 aster and its use  
 the specialty of  
 sts being far from  
 or than eye diseases

se of a child brought  
 mas City for diagnosis,  
 accompanies tubercular  
 nosis with a prognosis,  
 accurately verified. The  
 ne expected.

Samaritan Hospital which  
 g by the hospital staff, the  
 e detected a descending neu-  
 that there was a tumor at  
 he *post mortem* a tumor was  
 illustrations were exhibited  
 earances of the retina in albu-

hat physicians having sufficient  
 em to become familiar with its

The passing away of such men seems to beggar life and enrich death. Of course we know that this is not true; that all that is best and greatest in the life of man survives him, and serves to enrich his successors in the world of mind; yet how willingly in the presence of the pain of the heart, would the intelligence forego its sad inheritance for the personal presence of him who gave it. I am reminded by this sad theme; that the oldest Homœopath in America, at once, the Nestor of the Homœopathic army and the Patriarch of the Homœopathic denomination yet survives in apparent health and vigor, at his home in Philadelphia. And long may he live to be gratified by the honors which the whole family of our school of medicine in this country and in all European countries delights to heap upon the hoary and reverend head of Constantine Hering.

And now, gentlemen of the Western Academy of Homœopathy, I have but to thank you, which I do most gratefully and sincerely for the unmerited honor of my election to this chair; for the gentle kindness which could forget my lack of qualification for the place in its impulse to reward my zeal for the cause, for the patience with which you have listened to the lame expression of my discursive thoughts and to utter a word of congratulation and farewell.

From this height which is your birthplace and your home, you can look abroad over your possessions, present and prospective. From the river to the western sea "the whole boundless continent is" yours. It is a goodly land, and you have but to go up and down and possess it. If you have enemies inside or outside of your ranks, conscious of the rectitude of your own intentions and the kindness of your own feelings, you can afford to forgive and forget them. You have enough to think of in the field which lies before you, and the work which must be done. The influence of the west upon the civilization of this country is already vast and profound, and it is destined to be greater in the future than it has been in the past. Here throbs the mighty heart of the continent; and from this valley and its tributary plains must issue the tide which circulates in every vein and artery of the country's prosperity. The growth and future of this valley are a subject of specu-

lation which I fear to touch. The vision is too vast and splendid for any human forecast. Here — where we might hide all the living tribes of men and feed them for ages and still have room and substance to spare — who is bold enough to imagine what shall be when the hands of time and development shall be lifted and joined in infinite benison on hill and vale and mine and stream ! To that future I commend you in the earnest hope that you may be capable of its grand duties and worthy of its high honors.

---

*ST. LOUIS MEDICAL SOCIETY DISCUSSIONS*

MARCH 8, 1880.

Dr. Campbell lectured on the ophthalmoscope. He referred to the old belief that light was emitted from cats' eyes in the dark, and explained why the pupil of the eye always appears dark. He gave the history of the ophthalmoscope, and explained its principles and mode of use, and dwelt upon its importance in examination of the eye. He exhibited and explained several kinds. It was the most difficult of all instruments to master and its use might be considered a specialty within the specialty of ophthalmology. Many celebrated oculists being far from masters with this instrument. Other than eye diseases may be diagnosed by its assistance.

The doctor related that in the case of a child brought before the State Medical Society at Kansas City for diagnosis, he saw a condition of the eye that accompanies tubercular meningitis, and made that diagnosis with a prognosis, which was subsequently quite accurately verified. The case resulting in death at the time expected.

In another case at the Good Samaritan Hospital which was pronounced brain softening by the hospital staff, the doctor with his ophthalmoscope detected a descending neuritis which led him to affirm that there was a tumor at the base of the brain. At the *post mortem* a tumor was found as indicated. Plate illustrations were exhibited to explain the different appearances of the retina in albuminuria.

The lecturer thought that physicians having sufficient eye practice to enable them to become familiar with its

use should by all means have them, but to those whose eye practice was limited the instrument would be practically worthless.

Dr. Valentine.—These illustrations represent the retina in albuminuria. Does the retina have a uniform or exact appearance to be looked for in the normal eye?

Dr. Campbell.—The retina is red, resembling in color the mucuous membrane, but is variable; being darker in dark complexioned persons and lighter in those of light complexion. In albinos it is almost white.

Dr. Valentine.—Is there danger of injuring the eye by reflecting light into it for examination?

Dr. Campbell.—Not, if properly done.

The eye should not be burned out by focusing sunlight into it as I heard of a doctor's doing once. Artificial light should be used. I use a blue shade to counteract the yellow rays of gas-light, though this is not customary because it renders the examination rather more difficult as it diminishes the intensity of illumination, but it is better for the patient.

Dr. Morgan.—In your remarks you spoke of seeing the cause of specks before the eyes or *muscae volitantes*: what is to be seen and where?

Dr. Campbell.—I did not mean to be understood as saying that the cause of *muscae volitantes* could be seen with the ophthalmoscope; it is very seldom that this is so, for they are usually microscopic if to be seen at all. I referred to those foreign substances or vitreous opacities which float about in the vitreous humor, and which may be seen if the interior of the eye is illuminated properly with the ophthalmoscope.

Dr. Edmonds.—Are not *muscae volitantes* from functional or nervous disturbances rather than from the presence of anything before the retina?

Dr. Campbell.—Yes, there is a form of *muscae volitantes* depending upon functional or nervous disorder, and there is a distinction between this form and other varieties. Possibly nine persons out of ten are to some degree liable to see *muscae volitantes*. The causes that produce it may be various. *Muscae volitantes* proper is the result of purely a physiological change—the debris of cells in a state of mucine metamorphosis.

*CLINICAL REMARKS ON THE SUBJECT OF  
AFFECTIONS OF THE HEART.*

BY DR. MARTINY.

[Translated by Roswell D. Valentine, M. D., Vermont, Ills.]

We have seen how little our allopathic confreres are agreed in the employment of digitalis, and in the treatment of acute endocarditis. It might be thought that at least opinions would agree when the question is of explaining the different disorders of cardiac lesions. Not at all. While each author has his own treatment, each one has his own theory; and so it ought to be. It is necessary to endeavor to explain, or rather to excuse what one does.

In order to give an idea of the pathological phenomena of diseases of the heart, we have a long time been supported by the theory of *asystole*; it is at the present day gravely rejected. "This theory of *asystole*, says Peter, introduced into the science by Bean, and whose seductive simplicity has especially made its fortune, I am going to try to discuss it physiologically and clinically." After a series of considerations and reasonings, Peter closes by saying: "For all these reasons it is impossible for me to adopt the doctrine of *asystole*, which is too insufficient; and I hope to substitute for it a theory more comprehensive, the development of which will appear naturally in the course of these lessons."

Here is not the place for explaining the theories of the French clinical savant; they will pass away like the others. But I say, they are already strongly combatted in the work of M. Lee, published one year afterwards. "The clinic," says he, on the second page of his book, "will show you each day the number and extent of the gaps which remain to be filled up in the history of diseases of the heart; and while bringing new and important materials to this vast pathological edifice (the numerous volumes published on the subject), it will cause you to discover at the same time its fragility."

But in his turn Toussagrives introduces his manner of viewing things: "By the side of *hypersystole* and of *asys*

*tole* there is also ataxisystole, in which the heart exhausts itself in an exaggerated but useless physical labor, which is always joined with the frequency of the beats." Ataxisystole is a new phantom. Each year new ideas will arrive which will overthrow the old ones.

It is also an error to think that even in diagnosis, opinions are concordant; is it at the apex, or is it toward the middle of the heart where is found the maximum intensity of the murmur of mitral lesions? One claims that it is at the apex, another teaches that it is on a level with the nipple; we are of the latter opinion; it is quite natural that the sound should be more intense on the same level of the lesions which produce it.

For the rest, the diversities of view upon the subject of the sounds and physical signs of the different cardiac lesions are so marked that M. Lee does not fear to write: "Aortic insufficiency is the only affection which presents constant and pathognomonic physical signs." (1.)

The same confusion occurs when the question is of the prognosis and of the importance of different lesions: "You all know," says M. Lee, (2) "that diseases of the aortic orifice are of less importance than those of the mitral valve."

However, the greatest number of authors who are occupied with heart affections, are of a contrary opinion; aortic narrowing, it is true, is a lesion less important. "It is not the same," says M. Dujardin-Beaumetz (3) as insufficiency which, on the contrary, is an affection accompanied with serious troubles of the circulation."

Finally, M. Peter establishes in his turn, a distinction between the different cases of aortic insufficiency: "Aortic insufficiency without concomitant lesion of the aorta;" this is, he says, "the least frequent case. Aortic insufficiency, with lesions of the aorta, this is by far the most usual case," and further on he adds: "In such cases (when there is concomitant lesion of the aorta) the insufficiency, contrary to that which some authors say, is more serious than all other cardiac affections."

Finally, M. Lec seems to ridicule the authors who have described with a profusion of details, aortic diminution.

(1) See loc. cit. p. 5; (2) Loc. cit. p. 3; (3) Loc. cit. p. 126.

"This lesion," he says, "seems from day to day more rare, and the more one looks for it, the less he finds it."

And, as if all were confusion on this subject, there are diseases of the heart which do not manifest themselves by any sign, neither physical nor stethoscopic. These are the ones which M. Lee calls spiritual, or defaced, or concealed forms; and after this author they will be very frequent.

Poor theories! Professor Peter, after numerous researches, as intelligent as wise, advances a method of explaining the phenomena of angina pectoris. Here is the shaft which his confrere M. Lee lets fly at him: "As for angina pectoris, its study is still enveloped in obscurities, in spite of the laudable attempts recently undertaken by Professor Peter, whose genius and talent you all know."

OBSERV. III. M. X., whom I had treated in several attacks, and who had been much surprised at the results obtained by our infinitesimal doses, recommended me to one of his farmers, who, it was said in his village, "was wasting away." He came to me the 7th of May, 1879; he was a man aged fifty-five years, of a fine constitution, and who had never been sick before, when toward the end of the year 1878, he experienced an extremely violent emotion; one of his children suddenly had before him an attack of epilepsy. He thought the child was dying, and from this moment his health troubled him continually; his digestion had been difficult, but little by little, however, his appetite had returned, the stools were regular, but that which persisted and appeared even to increase, was insomnia, agitation and palpitation of the heart; there was even vertigo. The precordial points were above the nipple and tinglings accompanied by a burning heat in the ends of the fingers of the left hand. The pulse was strong and accelerated; upon auscultation and percussion of the heart there was nothing abnormal except the tumultuous and energetic beatings which violently elevated the stethoscope. The first sound was dull. If I had been consulted by this patient only a little after the accident, I should have probably limited myself to some hygienic recommendations, persuaded that this cardiac trouble, due to a strong emotion, would not continue; but for five months the symp-

toms, instead of improving, on the contrary, increased in intensity; almost entire absence of sleep, almost disappearance of appetite, the wasting was such that the relatives and friends of the patient believed him lost.

*Treatment*—Aconite 6th during 4 days (acon. 6th, gtt. Lac. lac. 20 centig.) to be dissolved in 12 spoonfuls of water, 3 spoonfuls a day; then Belladonna 6th 4 days, and finally cactus 6th, four days; this treatment brought rapidly enough a certain relief; I continued thus. The amelioration went on progressing, and in the month of August, the patient was completely and radically cured.

Far from us the idea of thinking that we have here cured an organic affection of the heart; it did not exist in this patient; but there was such an increase of action of this viscus, that such an excitation would not have continued long, without bringing material disorder on the part of the organ itself, and functional troubles to the whole system. There were already vertigo, dyspnœa, etc.

Aconite, all physiological experiments prove, excites cardiac action, brings strength and fullness of the pulse, with an energetic shock of the heart, violent palpitations and even precordial anguish. The great law of similars then indicates it here, but one symptom of which the patient complained much, a binding pain on a level with the nipple and radiating a little to the side of the shoulder, had suggested to me the idea of another remedy to follow aconite—cactus, which presents precisely this symptom in its pathogenesis.

Cactus grandiflora; each time that I have pronounced this name before an allopathic confrere he stares; it is an unknown remedy, which does not figure in the allopathic pharmacopœa. There exist a good number of such which the old school do not know, or rather do not wish to know, because they have a homœopathic origin. They are studied and employed during a time more or less long by our adepts, then some fine day an allopath makes pretense of discovering them, and announces to the medical world a new and unknown medicine.

The history of Gelseminum and Podophyllum would be able to prove that which we advance.



The pathogenesis of *cactus grandiflora* has been made by Dr. Rubini, who considers it a medicine analogous to aconite. Dr. Meyoffer, of Nice, thinks that this remedy exerts particularly its action upon the cardiac muscle itself, whilst aconite, according to all researches, acts rather upon the nerves of this organ. Our clinical experience confirms the view of our confrere Meyoffer. We shall have occasion to say a word about it, *apropos* of an observation concerning angina pectoris that we shall relate further on, and where *cactus* has produced the best results.

Our third remedy was Belladonna. We would have perhaps cured without it, but we have thought it well to administer it, because it responded to an indication of causation; the affection had originated after a very lively moral impression with great fright.

But, it will be said, why did not you not stop at a single remedy, aconite, or *cactus*, or belladonna; why alternate them without waiting till one of them had exhausted its action before commencing the other? This touches upon the great question of the alternation of medicines which we propose to discuss later. While waiting, we prove that we have cured our patient in alternating medicines, and perhaps on account of this alternation.

[To be Continued.]

---

## *MALTINE OR DIETETIC SPECIFICS.*

BY T. G. COMSTOCK, M. D., ST. LOUIS.

---

*Mr. Editor of the Review:*

I take this opportunity of calling the attention of the profession to the several preparations of Maltine as prepared by Messrs. Reed & Carnrick, of New York. After an extensive trial of them in private practice, as also in the Good Samaritan Hospital, I take pleasure in saying that I recommend them as worthy of confidence.

In patients convalescing who are debilitated, anæmie, nervous and weak, whose systems have been wasted by disease and require repair, but whose symptoms scarcely

call for any drugs or active medicinal agents, maltine, or some one of its combinations, will be found to be very beneficial. Maltine is a combination in a highly concentrated form, of the most valuable constituents of the best nutritive cereals—such as oats and barley, being rich in diastase, and when administered improves the nutrition; adding elements to the system which vitalize the blood and give it the power of strengthening the muscular tissue. Maltine also contains phosphates, and diastase, that peculiar principle which assists the digestive process, and converts starch into dextrine and glucose, so that the assimilation of nutritive substances is materially favored by its use. With maltine as a menstruum, a variety of medicinal agents are held in solution, such as iron, hops, chloride of calcium, phosphate of iron and potash, cod liver oil, Yerba Santa, etc.

In a large number of cases with anæmic conditions when maltine ferrated has been used, beneficial effects have followed. In cases of certain pulmonary affections, especially bronchial catarrhs, maltine combined with Yerba Santa (Malto-Yerbine), has been found very useful. Of all the preparations of maltine, the maltine with peptones has given the best satisfaction. In cases of complete debility, especially among females, this preparation has seemed to improve them, and moreover the preparation is agreeable and can be easily taken; indeed we might say, that these preparations of maltine seem to have almost filled up a gap in our therapeutical resources and given us dietetic specifics.

---

### *A CURE FOR HYDROPHOBIA.*

---

#### *A Simple Weed that Grows by the Wayside—History of the Cure.*

---

[From the Albany Argus.]

A lady handed a reporter, the other day, a slip of paper asking him if he would not publish it for the benefit of the public. It was found to be a simple but effective cure for

that dog-day terror, hydrophobia. The cure which experience has proved to be infallible, is nothing more than the root of a common weed known as elecampane, steeped in milk. Elecampane grows in great profusion along many country roads in this and Rensselaer counties. It has powerful medicinal qualities, and milk is well known to be a specific for many poisons. The manner of administering the antidote will be learned by a perusal of the following history of this simple and wonderful cure:

In Chester county, Pa., lived a German named Joseph Emery, who used to be sent for far and wide when anybody had been bitten by a rabid animal. He went to his patient, carrying something, understood to be a root, which he himself dug in the woods. He milked a pint of milk fresh from the cow, put the root into it, boiled it, gave it to the patient fasting; made him fast after taking it; gave a second and third dose on alternate days and never failed in effecting a cure. In some way his secret transpired, and the root was known to be the elecampane.

The story current in the country was that an old German made the discovery in the days of Penn, and applied to the Pennsylvania Legislature for a grant of \$300 for making his secret public. His offer was treated with contempt, and he resolved that his secret should die with him; but a drunken son knew it, wrote out the recipe, making a number of copies, and tried to sell them at \$1 a piece. He only succeeded in selling two—one of these to the man who made such effective use of it. So well did he establish the local reputation of his specific that in his neighborhood folks were not afraid of mad dogs. This man never failed to cure or prevent hydrophobia. In one case the spasm had begun before the first dose was given, and the patient recovered.

---

### COLORADO CURE.

---

*The People who are Benefited by that Climate.*

---

[Colorado Springs Correspondence.]

Persons suffering from any of the following diseases, will be greatly relieved if not permanently cured by a sojourn

here, especially if they will subject themselves to judicious medical treatment suitable to the climate and their changed condition. The Iron and Soda Springs at Manitou, five miles distant, with which there is almost hourly communication by rail and coach, will prove reliable adjuncts in the good work:

General debility, nervous or otherwise, arising from malarial causes or overwork, mental or physical.

Consumption in its earlier stages; diseases of the liver, stomach, spleen, bladder and of a uterine nature Bronchitis and asthma, organic and functional scrofula in all its protean forms, nasal and pharyngeal catarrh, especially when contracted in damp localities, and chronic malaria poison and its many complications.

I know that bronchitis will be relieved, if not entirely cured. Have a case in my own family. Mrs. C. had been afflicted with it for several years before we came here. Three months' residence has entirely relieved her.

I had determined to advise no one to come here, either for health or fortune, but the certainty of finding relief from bronchitis and asthma is so clearly manifested in the case of Mrs. C. and others that for once I break my resolution, and urge all persons afflicted with these distempers to come.

Insomniac persons will be greatly benefited by this climate. I cannot give the reason. Some attribute it to an unusual amount of ozone in the atmosphere. I speak from personal experience on this subject. In no other land have I ever found sleep so gentle, so sweet and so refreshing. The sleep of adults is as calm and profound as that of an infant's, and there is no courting of the charmer. She comes unsought like a good angel, and spreads her oblivious mantle over wearied soul and body, and you know nothing till next morning, when your first perception will be the unspeakable glory of Cheyenne as you gaze on its purple sides through the chamber window.

There is another class that may rely on finding relief—the obese. If there be any unhappy wight who desires to lose some of his avoirdupois, let him come. One singular feature in our population is, there are no fat people here. If the

Prince of Wales had only known this in his day, he would have avoided Beau Brummel's heartless inquiry. People afflicted with consumption and Bright's disease in the advanced stage, or laboring under organic disease of the brain or heart, or nervous affection depending on organic lesion, had better remain away.

In case of consumption in an advanced stage, however, this much can be said: The patient's pathway to the tomb is smoothed by an almost utter absence of physical suffering. Death generally ensues suddenly and without pain, life simply going out like a candle.

---

## Book Notices.

---

PATHOGENETIC OUTLINES OF HOMŒOPATHIC DRUGS.—BY DR. CARL HEINIGKE, OF LEIPZIG.

---

Translated from the German by Emil Teltze, M. D., of Philadelphia—576 pages—price \$3.50. Published by Boericke & Tafel, 1880.

---

Being asked, by my friend, the editor of the REVIEW, for a notice of the above mentioned work, I respond with the following:

I must take slight exception, in the first place, to the title of the book. The two hundred and fourteen drugs presented are not *homœopathic drugs*. The title "homœopathic" is misapplied. There is no such thing as a homœopathic drug; but there is such a thing as the homœopathic *action* or *use* of a drug. Opium acts homœopathically, when being used in a certain form of apoplexy or constipation; but *allopathically* and palliatively, when used to deaden sensibility or check diarrhœa.

Let us apply the term to all that it should properly qualify and nothing more.

The book of Dr. Heinigke treats of the pathogenetic outlines, or the *pure, positive* effects of drugs in the human body—of drugs which may be homœopathic or allopathic according to the use made of them.

The error committed is not a fatal one. The cover bears the title as it should read—"Pathogenetic Outlines of Drugs."

I speak of it to call attention to the frequent misuse of the word *homœopathic* by authors and publishers.

In the second place I must take slight exception to the author's "Introduction."

In place of going on to state his method of gathering and sifting the material for his book, and of explaining how he arrives at his "generalities," and whether his generalizations are from the symptoms furnished by drug action upon *healthy persons* alone, or upon the *sick* as well, he devotes the entire introduction to the discussion of "Homœopathic Drug Potencies and their Preparations."

Anxious as the author may have been, and great as the necessity may have seemed, to have a vindication of our pharmaceutical measures placed before the public, he erred in making use of this volume for the purpose.

And, looking into the "introduction" we find statements and teachings very questionable if not positively at variance with the truth. For example, on page 14, it is said—"That which is the *qualitative* in drug preparation, produced by percussion and trituration, is the essential and important element for the production of *specific* effects such as are required by the homœopathic method of cure. The *quantitative proportion in the attenuation* of our preparations, on the other hand, is a matter of indifference to us, for the very reason that it is a rule of the homœopathic method to employ, for curative purposes, doses of the intended specific, as small as possible." Whatever, now, may be the opinions of the author, in regard to "drug potencies," and the effects of trituration and succussion, it is hardly true that, any considerable part of the homœopathic profession, believe that the *quality* of medicine is "produced" by those processes, or changed, unless indeed, every atom of the medicine is washed away, and so the *quality* as well as *quantity* is dissipated and gone.

The *quality* is inherent, and not imparted to the drug by the manipulations of the pharmacist. The *availability* of the quality is increased by trituration and succussion in a very plain and simple manner.

.

There is no mystery about it and no need of mystic phrases or exaggerated claims of peculiarity.

"The *quantitative proportion in the attenuation* of our preparations," may be "a matter of indifference" to some in our school, but not so to the vast majority.

There cannot be much *indifference* among those who shun attenuations above the 30th, nor with those who fear the saturation of a patient when giving anything so low as the 200th.

*Quantity*, after all, would seem to be a matter of some concern.

But, enough with regard to the shell. Looking within we find a very thorough and practical arrangement of drug effects, one calculated to bring our extended symptomatology within the comprehension and ready reach of the student and practitioner. My examination of what has been gathered for arrangement, leads me to regard this part of the author's work as very faithful.

Of course there could be very little of original discovery, the material taken being that already in the hands of the profession, in one form and another.

The value of all epitomes and condensations and arrangements must depend, primarily, upon the reliability of the materials, the symptoms handled.

If one half of these are spurious, then the epitomes, condensations and all other arrangements, based upon them, must necessarily be defective.

After the name and common synonym, the author speaks of the *preparation* of the drug, its *duration of action*, and its medicinal *antidotes*.

He then gives what he terms the "*generalities*" of the drug, or the general range of its influence upon the human organism. These outlines are clearly and truthfully drawn, so far as the accepted symptomatology may enable him to go. At times they are exceedingly clear-cut and strong.

After the generalities come the *specialities*, or mention of the organs and tissues most prominently and lastingly affected by the drug. For example, *Cina* is represented as acting thus upon the *nervous system and brain*, before the *organs of sight* and upon the *spinal marrow*.

•

In some cases, immediately after the "generalities," the author groups the symptoms of the drug under headings like these—"Organs of Circulation," "Organs of Respiration," "Organs of Digestion," "Urinary and Sexual Organs," etc.

Of course the exhibit of some drugs is quite full, while of others it is very meagre, owing to the difference in thoroughness of provings, and extent of applications made in the clinical field.

While I recognize the value of works like this, I must say that they cannot be depended upon in lieu of the original record. We must regard the *possibilities* of materia medica, as well as the fully accepted *facts* of materia medica, shown in the results of medical practice.

This effort of Dr. Heinigke, as well as those lately made by Dr. Jessen and by Dr. Cowperthwaite, are very commendable and worthy of all encouragement.

Whatever enables the student more readily to grasp the immense display of symptoms furnished by provings and the records of toxicology, or whatever enables the practitioner to make a more rapid and correct comparison of drug effects with the symptoms of the case before him is of great value.

Having a dictionary of words does not obviate the necessity of a reading book, nor does a reader obviate the necessity of a dictionary. We must read and spell, and spell and read, if we are to be successful in the understanding and use of language.

Dr. Tietze has laid all English reading people under a debt of gratitude, for bringing this work of Dr. Heinigke out of German into English. And the thanks of the profession are due to the publishers and printers for excellent paper and clear type.

What I said, at the outset, about the shell of this nut, must not be taken as in any way derogatory to the *kernel*.

Nashville, July, 1880.

J. P. DAKE.

THE ANNUAL SUPPLEMENT to the Monthly Review of Medicine and Pharmacy, Philadelphia.

OVARIAN TUMORS.—By Edward Borck, M. D., St. Louis, Mo., 1880, Hugh Hildreth Printing Company.



A CASE of compound fracture of the wrist, by same author and Publisher.

LUYTIES' HOMŒOPATHIC CIRCULAR, August, 1880. Headquarters in the West for the latest books, purest medicines and best surgical instruments, 306 N. 5th, St. Louis.

THE EFFECTS OF TRITURATION with Observations on the limit of mechanical divisibility of metals and hard substances. By C. Wesselhoeft, M. D., Boston. From the Author with regards.

GOLD AS A CURE FOR DRUNKENNESS.—Being an account of the double chloride of gold discovery recently made by Dr. L. E. Keeley of Dwight, Ill. P. D. Cordell, St. Louis, Sole Agent for Mo., Ark. and Texas.

THE INTERNATIONAL SURGICAL RECORD. A Weekly Journal, New York, Vol. 1. No. 1, \$5.00 per annum. This is a new Journal and like Dr. Tanner, is filling (Aug. 12,) a long felt want.

SMITH'S LIST OF MEDICINES comprising all medicines mentioned in Homœopathic Literature. 164 pp. Henry M. Smith, M. D., Smith's Pharmacy, 107 4th Ave., New York. This catalogue is the very perfection of elegance and good taste.

CONSUMPTION AND TUBERCULOSIS.—Notes on their treatment by the Hypophosphites, 2d edit. by J. A. McArthur, M. D., Boston, Mass., 1880, Alfred Mudge & Son, 34 School Street. From the Author with compliments.

AMERICAN NEWSPAPER DIRECTORY, 1880, by Geo. P. Rowell & Co. New York, containing accurate lists of all the newspapers and periodicals published in the United States, Territories and Canada, 1044 pp. A very handsome book and wonderfully accurate. No editor or advertiser can get along without a copy at his elbow. Next best thing to a dictionary.

---

## Editor's Drawer.

---

PROF. S. B. PARSONS with his family is spending the summer at his lake-side cottage on Lake Minnetonka.

PROF. WALKER and family are also summering at some of those famous resorts in the Minnesota country.

DR. T. J. COMSTOCK and wife have gone East on their annual trip to Niagara Falls, Saratoga, Thousand Islands and the Seashore.

THE REST OF US are at home taking in the Ducats, *buying government bonds*, and having a good time.

PROF. A. C. COWPERTHWAITTE of the University of Iowa, was tendered the Chair of Materia Medica in the University of Michigan.

CHIAN TURPENTINE is getting a wide reputation as a cure for Cancer of the Uterus. We want to hear from our Gynæcologists on this point also. An adverse report has reached us from England.

**OOPHORECTOMY.**—This is the removing of the Ovaries—spaying—for the cure of epileptoid diseases, Hystero—Epilepsy or Catalepsy, known as Battey's Operation.

It has now been performed several times by Drs. Sims and Pallen of New York, and Goodell of Philadelphia, and claimed with great *eclat*, as a grand success. It is spaying for reflex disease.

**DIED.**—Dr. C. H. Von Tagen, of Chicago, July 29th, of Traumatic Peritonitis, following on operation for stricture of the rectum. He had been blind for nearly a year, and was married only six weeks before his death. At one time he was a surgeon of promise.

**DIED.**—Suddenly in Philadelphia, July 23d, Dr. Constantine Hering, in his 81st year. He was perfectly well to all appearances, had attended to his patients during the day, and had retired. Mrs. Hering hearing his bell, found him prostrated and yawning. She sent for assistance, but he expired before any one arrived, at 10:30 P. M.

Thus passed away peacefully and gloriously the oldest and greatest of us all—our scholar, our Nestor, our veteran, our friend. His life and his works are familiar to you all, and no endearing words of ours can add to his world-wide fame. His memory is embalmed in all our hearts. We shall not look upon his like again.

We shall not go East via Indianapolis. The monsters that inhabit the drinking waters of that doomed city, as pictured in the *Indianapolis News* of July 13th, by Dr. M. T. Runnels, has induced us to accept a pass by another route. Stir 'em up, Moses, in your native *bullrushes*, and you shall enjoy the sweets of purification.

We have'nt heard of Comstock, Hale nor Ludlam, Eaton, Franklin nor Beckwith, nor Helmuth performing this new operation yet, but we are looking for them to demonstrate everything, evil or good in Gynæcological Surgery. The charge that it unsexes the woman is stoutly denied by the ladies who have been operated upon. The phrodisiac enjoyments and desires remain unimpaired.

**UNIVERSITY OF MICHIGAN.**—Another good man gone up higher! We are pleased to learn that Dr. H. C. Allen, has been elected to the chair of Materia Medica and Therapeutics in the Homœopathic Department of this School. This is a good appointment. May he have better luck than did Morgan, Gilchrist or Jones who have gone on before. Dr. Allen has heretofore successfully filled professorships in two of the best colleges in this country. In this new field we wish him success.

**THE QUESTION OF THE HOUR.**—Where shall we send our medical students? We say without hesitation, recommend them to come to St. Louis. Our mild climate and genial people have made St. Louis a favorite resort for medical students for many years. They are welcome to our homes, as young gentlemen in pursuit of scientific knowledge, and not regarded and treated as barbarous rustics, who have come down to prey upon us during the winter months.

And then, there is no part or branch of medical education taught anywhere, that is not taught equally well here. Students who attend their second course in our college, invariably claim our Faculty to be the ablest they have listened to. We used to consider this as bordering on flattery, but we have now heard it so many years, that we have come to believe it ourselves. The reputation of any Faculty rests solely upon the opinions of its students and graduates. If a lecturer cannot please the students, he will injure a college, and ought to withdraw, whether his accomplishments be few or many. The St. Louis Faculty is well known for its talent, and our graduates are successful in after life.

Our Clinics and Hospitals afford every advantage for study, and we have abundance of *free dissecting* material from our Hospitals and city Morgue furnished by law. *No other city or college in the world does this.*

So popular are our lecturers, that it is no uncommon thing to have numbers of old school students drop in to hear us. Good lecturing is a rare gift, and there is as much in the manner of saying a thing, as in the matter, to be able to hold a class which has been for hours taking notes and sitting on hard benches.

Other cities may boast of their attractions; their gilded palaces and galleries of art, magnificent drives and superb parks, grand churches and ancient universities, but St. Louis has them all; and in all that pertains to education and culture, she stands at the front. For further proof, see *Ad.* on 4th page of cover.

#### HOMCEOPATHIC COLLEGE FREE DISPENSARY REPORT.

CORNER 10TH AND CARR STREETS.

Whole No. treated to August 1st in Surgical Clinic.....	881
“ “ “ “ “ “ “ Gynæcological Clinic.....	331
“ “ “ “ “ “ “ Eye and Ear “ .....	265
“ “ “ “ “ “ “ Neurological “ .....	185
“ “ “ “ “ “ “ General “ .....	3106

Grand Total..... 4768

DR. S. B. PARSONS, Surgeon.	DR. J. MARTINE KERSHAW, Neurol-
“ WM. A. FORSTER, Assistant.	ogist.
“ WM. COLLISON, Gynæcologist.	“ HENRY J. DIONYSIUS, Out-door
“ JAS. A. CAMPBELL, Oculist and	Physician and Acting Physician
Aurist.	to General Clinic.

HOMCEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—Semi-Annual Meeting will be held in the City Hall, Brooklyn, September 7th and 8th.

Through the liberality of the King's County Society, the social success of the meeting is guaranteed. The State Society will be entertained at Hotel Brighton, Coney Island, on the afternoon of the second day. Transportation from Brooklyn to the Hotel and return, together with dinner tickets, will be furnished by the King's County Society.

HOWARD L. WALDO, Rec. Secretary.

The HAHNEMANNIAN just to hand, (Aug. 13.) It contains a review by Dr. Dake of Dr. Wilson's report in the July Advance of the Berridge fiasco at Milwaukee. Dr. Dake shows the true inwardness of the

whole affair and is an eye-opener sure enough. Young blooded stock is imported from England—a *Cloud-lander*—where not one *Orgonon* is read or sold to *an hundred* here in *America*, to tell us we ought to read it more. Dr. Wilson the president, had a resolution introduced to throw Dr. Berridge upon the Institute right in the middle of Dr. Dake's Bureau (*Materia Medica*.) This was rejected, but Dr. Berridge was allowed to read, "How to advance Homœopathy" before the bureau opened, in which he charged a "fatal error" upon Carroll Dunham; and here was the milk in the cocoanut that raised such a storm of indignation, which by the next morning swept everything before it, and which will not be forgotten soon by the "distinguished foreigner." The address and the remarks thereon are to be found in the Medical Journals, though properly expunged from the official proceedings.

The use in March by Dr. Wilson, of the term "fatal word"—and in June by Dr. Berridge of "fatal error"—and both in connection with Dr. Carroll Dunham, looks very much like a *gemini* birth, though the accouchment was only one-half of it in the "mother country."

AMERICAN INSTITUTE OF HOMŒOPATHY—BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS, 1880-81.—The Bureau for the ensuing year is constituted as follows: I. T. Talbot, Boston; H. M. Smith, New York; B. W. James, Philadelphia; J. Pettet, Cleveland; R. B. House, Tecumseh, Mich.; Philo G. Valentine, St. Louis; T. F. Smith, New York; M. T. Runnels, Indianapolis; Lewis Sherman, Milwaukee.

The work accomplished last year in gathering statistics from the various Homœopathic Societies, Hospitals, Dispensaries, Colleges, Journals, etc., will render future work in this direction easier, as well as more systematic and complete. But there are many institutions under Homœopathic care and management which were not reported last year; there are new ones which will be established this year. What means can we take to secure a report from all these? Moreover, how can we have these institutions annually represented by delegates to the American Institute of Homœopathy? What other comes legitimately under the charge of this Bureau? Can we do anything to stimulate societies and institutions to more and better work? What suggestions can you offer? What work will you do for the Bureau and through it for the Institute and for Homœopathy?

Hoping that our Bureau will do more valuable and efficient work this year than ever before, I am, very sincerely,

I. T. TALBOT.

Boston, July 31st, 1880, 66 Marlborough Street.

Well, how's "my Valentine" and his wife? Didn't we have a good time in Milwaukee? God bless her! Now, what can you do for the Bureau? Can we stir up any of the Southern States, such as Louisiana, Texas, or even Kentucky, to organize State Societies, and can we stir up sleeping societies and institutions to active work and full reports? Write a stunning editorial on the importance of action and systematic work, and you will delight others as well as your friend Talbot.

The most "stunning editorial" we can think of, is to publish this enthusiastic communication from the incomparable Talbot, and so here it goes, with our hearty indorsement, to all the doctors in the Mississippi Valley. Gather yourselves together, gentlemen, set your lights on the hilltops, organize, and carry the news to Talbot.

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME III      ST. LOUIS, SEPTEMBER 15, 1880.      NUMBER 7.

---

## *FOREIGN CORRESPONDENCE.*

LONDON, ENGLAND, August 12th, 1880.

DEAR DR. VALENTINE.—I have now been in this great city over four weeks, and during that time have seen many of the “sights,” and not the least of these I consider the Gallery of Gustave Dore. I should enjoy giving you a description of what we saw there, but as I have sat down to write you respecting the London Hospitals, I shall have to postpone the Art question till some other time.

As I find there are many things I want to tell you about each hospital individually, I propose to confine my notes in each letter to one hospital.

First in importance I think comes Guy's; at any rate it is certainly one of the noblest charities in the country, founded by single effort. Thomas Guy was born in the year 1645, and was a book seller in the city of London. Report has it that he accumulated his large fortune from the sale of bibles that were printed in Holland and brought over to this country; so you see that even as far back as the 17th century the principle of getting a “corner” on goods was understood, and that even “Holy Writ” did not prevent a man from “bulling” the market.

Before passing on to the description of the Hospital itself, I cannot refrain from telling you a story I found in an old work here, which goes to show the eccentricity of

Mr. Guy. A lady who had acted for many years as housekeeper, seems at length to have won his heart, and he promised to marry her. Some few days before the ceremony he ordered some workmen to repair the pavement in front of his door telling them not to go beyond a certain point. Having thus set them to work, he left home for some days, and during his absence the men asked the housekeeper, who was soon to be Mrs. Guy, whether they had not better go beyond the mark set by Thomas Guy, so as to make the job look more complete. She told them they had—that she would take the responsibility, because “she was so nearly Mrs. Guy that it was about the same anyhow.” When Guy returned home he was so enraged that his future wife should “usurp” his authority that he broke off their engagement, and thus ended his chance for married life—on this particular occasion at anyrate. This overbearing nature seems greatly at variance with his future charitable acts.

For over eleven years Mr. Guy paid \$500 per year to the support of St. Thomas Hospital, and having decided to erect a hospital, he rented a piece of ground from the Trustees of St. Thomas' Hospital, for a term of 999 years. The plot being nearly six acres, agreeing to pay a yearly rent of \$150. He lived to see the main building completed and covered in, and the admittance of sixty patients on the 6th of January 1725.

The Trustees have carefully and thoroughly managed the affairs of the hospital, and there are two large estates in England that are contributory to the hospital, owing to good investments in previous years. The hospital is located on the south side of the Thames, not far from London Bridge.

The entrance is through large iron gates, into a courtyard, probably 200 feet square, situated between two wings of the hospital.

In the center of the court stands a bronze statue of Thomas Guy. On north side of the pedestal is the following: “Thomas Guy, sole founder of this hospital in his life time.” “A. D. M D C C X X I I.” On the east side, in bas relief is the parable, of the Good Samaritan. On the south

side appear Guy's memorial arms, and on the West side an illustration of the Savior healing the Impotent man.

The centre or principle front of the hospital is stone, and consists of a rusticated basement, in which are three arched entrances to the quadrangle.

This supports two pilasters and four Ionic columns, the intercolumniation containing three windows and two niches, in which are two emblematic figures. Esculapius and his daughter, Hygeia, the goddess of health.

Going through the already mentioned arches, we enter a long corridor, from which wards branch off on either side.

The court room is very handsome and deserves special mention. Over the presidential chair is a portrait of Guy, by Dohl.

The hospital chapel is situated in the west wing. Here Guy is buried and lies beneath a marble statue.

Originally the hospital was built for 400 patients, but has since been enlarged to accomodate 720. The management of the hospital is under sixty Governors, of which number Dr. Steele is now chairman. The ordinary staff consists of three physicians, three assistant physicians, two obstetrical physicians, four surgeons, three assistant surgeons, also ophthalmic, dental and aural surgeons.

The annual income of the hospital is about \$200,000, of which \$150,000 are available for hospital purposes.

The museums consist of anatomical, comparative anatomy, pathological and materia medica, specimens, Model room, dissecting room, electrifying room, chemical laboratory and every appurtenance that modern science has devised for a Medical Institution of the first magnitude.

I must particularly mention the collection of pathological specimens, and the models made by the late Mr. Town. There are 537 illustrations of skin diseases alone, and all of these were made, with the exception of two, by Mr. Town during a period of forty years.

It is certainly one of the best collections in the world, and embraces all eruptive diseases from measles, to the most aggravated forms of syphilitic eruptions. There are five models illustrative of the roseola eruption occurring in

Cholera, all taken during the great epidemic of 1854. In some, the color is like measles, and in one case resembles scarlatina but to an unusually dark degree, almost a purplish color, and in this case desquamation took place on the eighteenth day, and patient recovered. I noticed nine models of Glandular eruption.

From the history of the cases it does not seem possible to set the exact day after onset of disease, on which the eruption may appear. It very much resembles varicella, surrounded by inflamed areola. Nearly all the cases resulted in death, all in fact where the eruption was well marked.

The Clinics are very large indeed, the eye ward for instance, averages about twenty new patients a day, so that sometimes the attendance of the patients, old and new, will reach as high as 250 or 300 per day in this ward alone.

The eye ward is under the management of Drs. Bade and Higgins.

I saw several very successful operations for inversion of the lids, where the irritation had brought about ulceration of the cornea.

The operation consists of sewing the margins of the lids together, leaving a very small opening, that just enough light might be admitted to allow the patient finding his way about. The source of irritation being thus removed, the cornea will in many cases entirely recover, when the lids are separated again by cutting through the adhesions with a small pair of scissors.

I think this a much better plan to that of removing a section from either the upper or lower lids, or both, to cause eversion.

A great number of Gon-o-phthal cases present themselves, especially in small children. These are all treated with the following prescription, and that very successfully.

Hydr. Nit. Oxid (Red precipitate).....	1 grain.
Atropine.....	1-5 grain.
Vaseline.....	1 drachm.



Put into the eye with a small pencil brush, and no internal treatment is used. I saw very bad cases make rapid improvement in one week.

In cases of Iritis, whether specific or not, the same remedies are used with the exception of the atropine, for which duboisin is substituted in the same proportions as the atropine.

The object of this is to allay the great pain that is generally present, and this it does much more effectually than the atropine. Dr. Bade has brought out a very nice pair of forceps for fixing the eye-ball in cases of sclerotomy. It grasps, by means of shark-like teeth—the sclerotic coat—not depending at all upon the conjunctiva which is usually a very poor holding place in such cases.

He has also designed a new eye speculum, with spring arms far holding a magnifying glass, so arranged that a glass of any desired power can be adjusted.

Both of these adjuncts to the armamentarium of the oculist are to be presented at the meeting of the British Medical Society which convenes at Cambridge next month. Dr. Bryant is the "Rising Surgeon" at Guy's. He combines great cheerfulness and pleasantness of disposition with the high attainments and brilliancy so necessary to the "make up" of a popular and successful surgeon. I have had the pleasure of seeing him perform a great number of operations—among others, removal of cancerous tumour from left mamma of woman 42 years old. This was the fourth operation,—each time there having been a return—though in a modified form. This being somewhat out of the ordinary course to operate so many times, he instanced a case that had proved successful at the fifth operation, no return of the trouble having appeared after two years.

Another very interesting operation was for Hemorrhoids—the patient—a man—having suffered for 14 years. He appeared on the table in a very blanched condition—the loss of blood having kept him in that condition for several years.

The hemorrhoidal tumours were brought down—clamps used—the mass removed with scissors, and then very care-

fully and effectually cauterized with the electro- benzoline cautery—a most convenient and successful instrument now employed, and used almost entirely here.

Dr. Bryant does not use any form of carbolic acid in his operations, but always has the hands and instruments, also surface over point of operation, sponged with solution of iodine.

Many other operations might be enumerated. Colotomy—removal of penis for Epithelioma, and others. But I am afraid that this letter has already trespassed too much on both your time and patience.

I cannot, however, close without giving expression to the great and sincere sorrow expressed by all the staff of the Hospital respecting the recent difficulty with the nurse, Mrs. Ingle. The general impression is that the sentence passed, three months imprisonment, was not more than her treatment of the patient warranted.

With much pleasure I would also testify to the kindness and consideration with which all visiting physicians are treated by all the gentlemen connected with Guy's.

With best wishes to all St. Louis friends, and hoping you can manage to keep cool with the mercury in the nineties,

I am yours fraternally,

W. JOHN HARRIS.

---

## *THE MICROSCOPE IN MEDICINE.*

---

BY J. R. HAYNES, M. D.

---

Read at the 14th Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 26, 1880.

The time has arrived when all schools of medicine feel the importance of a thorough microscopical education. This importance is seen and felt more and more every day. The time is not far distant when no one, who is not a working microscopist, will be looked upon as authority in the diagnosis of any complicated or obscure diseased condition of the human body. It must, of a necessity, in the near

future, revolutionize not only the diagnostic points, but the treatment of disease. The old landmarks of former authors are rapidly falling into decay and neglect, new theories are advanced with such emphatic and positive proof, that one scarce can make an assertion to-day, for fear some one will upset his assertions to-morrow. Where is the man who would, to-day, attempt to diagnose correctly any of the malignant growths, without the aid of the microscope, together with a microscopical education. It is impossible to diagnose, with any certainty, secondary or tertiary syphilis, or gonorrhœa, without its aid, and even in very many cases of primary stages of these diseases, we would be completely in the dark. It would be utterly impossible to tell a non-infectious ulcer from a primary chancre, in many cases, by any diagnostic points laid down by any author which I have had the pleasure of examining, and more especially if they are congenital. It is impossible to tell what portion of the kidney is affected without a critical microscopical examination of the excretions from that organ, or what other lesion may be connected with the renal affection, or if they are affected at all, without the use of the microscope. Who can tell, even in treating a case of Leucorrhœa what parts are chiefly affected of the female sexual organs? If he is not familiar with the histology of the parts, can he tell, with certainty, whether it is labial vaginal or cervical, or whether the fundus or the body of the uterus, be the seat of the affection?

If he happen to have a case of hemorrhage, can he tell whether it is urethral, cystic, uretal or renal, or what part of the kidney, or, in many cases, whether he has hemorrhage or not, to deal with, with any certainty, without the microscope? Is there any positive method of telling a case of tuberculosis, or what portion of the air passage is the seat of the disease, except by its aid?

Is there a certain and positive mode of diagnosing even a case of Diphtheria, with the natural vision, from many other varieties of angina faucium. It is the quickest, easiest and most positive in its detection of diabetes melitus; it will show the saccharine properties of the urine, before they can be detected by any chemical reagent that I am aware of.

It will detect the virus of a suppressed chancre which had been suppressed for thirty years.

It will show you the chancre virus in congenital syphilis. It will tell you whether you have a syphilitic, gonorrhœal, or a non-infectious bubo to deal with, if you ask in the proper manner. In the case of loose fecal discharges, it is the only positive informant we can obtain that can tell us what portion of the gut is affected. In case of tumors it will tell just what we have to deal with, and with certainty. In the case of crime, it will tell with much greater certainty what poisons were used, than any chemical tests which have yet been discovered; or, if blood be found, to what class of animals it belongs.

It will decide whether one or several kinds of ink has been used in writing. It will show blood stains upon any polished steel instrument, which cannot be washed out.

Yet, in the hands of a novice, it is the most deceptive instrument that has ever been invented. It must be studied with extreme care, and learned by heart, then it becomes the most instructive of all the hand-works of man.

---

## *FEVER REMEDIES OF THE HOMŒOPATHIC MATERIA MEDICA.*

---

PROF. A. C. COWPERTHWAIT, M. D., PH.D.

---

[Read before the Hahnemann Medical Association of Iowa, May, 1880.]

---

It is a well understood principal of homœopathy that diseases are never treated by name; that pathological states are not the proper indications for the appropriate remedy; but that, on the other hand, symptoms are the only infallible language of disease, and as such are the only indicators of the curative application. Pathological states are obscure and uncertain; symptoms, if properly elicited, are unerring. In the one, mistakes are not only possible, but often unavoidable; in the other they are the exception and not the rule; and even when occurring they are usually traceable to grave carelessness on the part of the prescriber.

While however, this is the case, there is nothing improper in the physician, for the sake of assisting memory, grouping together certain remedies under a general as well as special classification. The wrong comes in always prescribing certain remedies for certain pathological states, yet it may not be wrong to always associate certain remedies with certain pathological states. There is a vast difference between the two processes. For instance, what physician, hearing of a case of pneumonia, does not invariably first think of Aconite, Bryonia or Phosphorus? There is no wrong in this, yet if that physician made a habit of prescribing either one or all of these remedies in every case of pneumonia that presented, he would certainly violate the great cardinal principle of homœopathy. As a matter of fact, this habit of association of remedies with diseases becomes so natural to the practitioner that I opine it is impossible for him to prevent it; nor is there any reason why he should strive to do so, so long as he does not allow himself to become a routinist in practice, and to discard the fundamental truths of homœopathy, which he professes to believe. Let each pathological state represent a hook fastened to a wall in the great storehouse of memory, and as experience or research teaches the usefulness of any particular remedy in any one of these conditions, hang it upon that hook, and in this way, as the years of experience and study glide by, this storehouse will become stocked with fruits both rich and rare—fruits which shall ever gratify as well as nourish in after years.

At this time I desire only to call your attention to a few of the leading peculiarities of some of the most important remedies used in the treatment of fevers, especially noting such similarities or differences as may be most striking, and which serves best to enable us to diagnose as between the indications as for the one or the other.

Probably there exists no field of therapeutics in which greater or more frequent errors are committed. One physician prescribes Aconite in all fevers, regardless of indications, while perhaps another may use Gelsemium or Veratrum in the same manner, when it may have been that

neither was the proper remedy, or that Belladonna alone was indicated. I shall only mention five remedies: Aconite, Baptisia, Belladonna, Gelsemium and Veratrum viride—remedies which are so often confounded in the mind of the prescriber, but each of which have most distinct marks of personality which need not be mistaken.

In the first place, Aconite, the prince of antiphlogistics, so-called, with its excessive restlessness, anxious tossing about, and full, hard and frequent pulse, gives evidence of its great value, especially in the beginning of inflammatory fevers; yet it is seldom, if ever, needed in the beginning of a typhoid or malarial fever, from the fact that the class of symptoms above described seldom occur at such time.

On the other hand, if we note the action of Gelsemium, we will find a remedy not only sometimes applicable in the beginning of inflammatory fevers, very often in catarrhal fevers, but equally as often indicated in the beginning of malarial and typhoid fevers, being of especial use in the first stages of remittent or an intermittent. The symptoms most often indicating Gelsemium are either chilliness, with languid aching in the back and limbs and a sense of fatigue, or, if fever be present, instead of the anxiety and restlessness of Aconite, we get a drowsy, languid condition, the patient desiring to lie quiet and be let alone, with great prostration of the whole system, the pulse being full and quick, but not very hard. Thus it may be readily seen that there is no excuse for confounding the pathogeneses of Aconite and Gelsemium as is so often done, the one covering an entirely different class of symptoms from the other.

Very often where Aconite or Gelsemium are used, Belladonna is the true remedy. Here the type is more of the true congestive or inflammatory; therefore we get a flushed face, throbbing carotids, hard, full and bounding pulse, with a tendency to delirium. Belladonna is more frequently indicated in the fever stage of catarrhal and malarial fevers than Aconite, but less than Gelsemium, a violent throbbing headache, together with the flushed face, being most often the guide for its administration.

Veratrum viride is a remedy not often indicated outside of pneumonia, yet of great value when it is properly se-

lected. It seems to act something like Aconite and Belladonna combined, or covering a sphere of symptoms lying between these two important remedies, yet reached by neither. Its chief, I might say exclusive, range is in inflammatory fevers, the pulse and respiration being the chief indications for its use. There is a loud, strong beating of the heart, giving a full, hard, frequent and incompressible pulse, seeming as though the heart were a mighty Corliss engine, whose giant throbs could not be overcome, while at the same time the respiration becomes difficult, slow and labored, often in pneumonia falling from 40 to 16 per minute. With these symptoms present, *Veratrum viride* is the true homœopathic remedy, and its favorable action will almost invariably astonish the careful prescriber. The indiscriminate use of *Veratrum* in very material doses of the tincture or fluid extract in pneumonia, is a most reprehensible practice, and should not be tolerated in the homœopathic school. Let those who so long for the flesh pots of Egypt, return to their first love, and no longer sail under false colors by claiming to be what they are not.

*Baptisia* covers an entirely different class of symptoms from those we have noted under the remedies already mentioned. Its range of action is not wide, but covers the most grave and important condition, owing to its disorganizing and decomposing influence upon the blood. It is especially useful in the first stages of adynamic fevers, its greatest usefulness being in those forms of fever which have already assumed, or threaten to assume, a typhoid condition. But here as elsewhere, the routinist makes a grave mistake in prescribing *Baptisia* in all cases of typhoid, regardless of the symptoms. The indications for *Baptisia* are plain and unmistakable, and its use is never warranted unless these are present. In the first place, the appearance of the face, which is flushed, dusky red and hot, with a besotted expression, being very characteristic, and to my mind often a sufficient indication in itself for the use of the drug; but in addition we may also find a dullness and confusion of mind, the head feels large and heavy, sordes appear on the teeth, the tongue is dry and brown down the centre, while the pulse is full and rapid, but soft and easily

compressed. With such symptoms present Baptisia may be prescribed with the utmost confidence. In fevers, as elsewhere, it must be remembered that the totality of symptoms form the sole basis of prescription. Let the *materia medica*, then, be ever your guide; study it faithfully, and you will be rewarded, for it will certainly prove a lamp to your feet and a light to your path.—[*Medical Counselor*, August, 1880.]

---

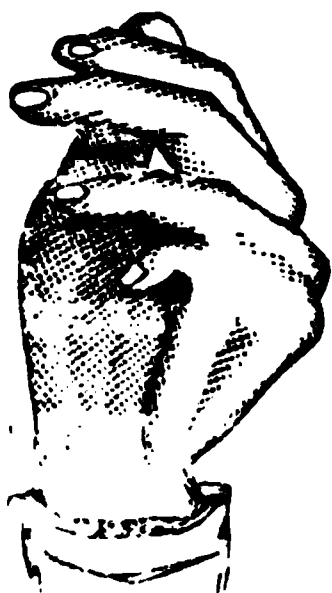
### TRANSPANTATION OF SKIN—CASE I.

---

BY S. B. PARSONS, M. D.

---

MALPOSITION OF THE FINGERS FROM CONTRACTION OF A CICATRIX. TRANSPANTATION OF SKIN—CURED.



The subject of this deformity, when six years old, accidentally put his hand into a vessel of boiling water, but fortunately only the ulnar half of the member was immersed. It was quickly dressed with some household remedy which was retained for four days, and then removed on account of a bad odor arising from it. When the lower layer of the dressing was taken away the whole of the cuticle and some fleshy shreds came with it, exposing a large, bleeding, granulating, suppurating surface. Linseed oil and lime water were applied and continued for six weeks before the sore healed, and at this time the fingers were nearly straight or but slightly bent. No precautions were adopted to prevent their misplacement either during the course of treatment or afterwards, hence that peculiar property of contraction which cicatrices of all deep burns possess, held undisputed sway over the parts involved, and slowly the fingers were made to approach the palm of the hand, and held as rigid as if in a vice. When brought to me the phalanges of the inner three fingers were at nearly a right angle with the metacarpel row, the fourth and



fifth united to each other nearly to their free ends by a thick web of hard inodular tissue, and a dense cicatricial mass covered the whole ulnar half of the hand, anteriorly and posteriorly, as far forward as the end of the little finger. All motion was lost, and if put to constant use ulceration and fissures would soon appear in the diseased parts of the hand, that were slow to heal up. The patient was chloroformed, and commencing my incisions on the radial side of the middle finger, I carried the dissections around it until the whole was removed, and then in a similar manner freed the ring and little fingers respectively. To remove the adventitious tissue from the hand, incisions were begun on the dorsum and carried forward to the inter-digital space, and the parts raised by dissecting toward the ulnar border, around which they were continued into the palm of the hand, terminating opposite the base of the index finger. Having finished my dissections each finger was forcibly straightened, all intra-vaginal and periarticular adhesions broken up, and motion at the articulations freely established.

It was one of the most tedious operations I ever performed, requiring one and one-quarter hours to complete it. The utmost caution was exercised to remove anything that gave any semblance to inodular structure, and the extended time necessary to fully carry out the plan was, in a measure, due to the vigilance manifest in each step of the operation. The wound was dressed with charpie dipped in calendula water, 1 to 10, and a roller carried around the hand to retain the dressing in place, and the hand supported on a hair pillow covered with thin oiled silk cloth. A sharp attack of fever followed quickly, which was subdued by Aco. and Arn. in three days. At the end of ten days bright red granulations had covered the whole of the wound, suppuration slight, and not a systemic symptom present. This appearing to be a proper moment for the transplantation of tissue, I cut from the back of the father's arm, near the shoulder, three pieces of skin, each being the size of a silver five-cent piece. These were divided into twelve other pieces each, thirty-six in all, and inserted everywhere into the granulations, especial care being taken to put as many as possible on the fingers. Narrow strips

of moleskin adhesive plaster retained them in position, and was not removed until the eighth day, when it was found that twenty-two had become attached, and the rest sloughed away or still present but dead. The surfaces were again prepared by wiping them with calendula cloths and nineteen pieces more transplanted from the father's arm. On the eighth day they were examined and fifteen found to be adherent. The former lot had now become firmly united and increasing rapidly in size; and taking their rapidity of growth as a basis of calculation, I concluded that if the last series grew equally as fast, that no more would be required, and wholly supplant the morbid development of cicatrical structures with their contractile tendencies. A generous diet of animal food was ordered, the patient permitted to have open air exercise every day, but under no circumstances to use the arm. One month afterwards there remained unhealed seven small spots, none of which were larger than a large sized split pea, and which disappeared in the next three weeks. Passive motion was daily resorted to after the first two weeks, with the result of bringing back a fair amount of flexion and extension, both of which the patient finally could produce himself by a mandate from the will.

Three years have now passed since the operation and no tendency to a return of the affection has shown itself.

---

#### A NEW OPERATION FOR THE RADICAL CURE OF HYDROCELE.

Dr. Bernard Bartow, in the "Buffalo Medical Journal," offers a new method for the cure of hydrocele. An incision from three to four inches in length, is made in the scrotum, in the centre of the hydrocele tumor, extending through the subcutaneous tissues, until the sac is exposed. The lower connective tissue is then separated from the sac to the extent of about an inch on either side of the line of the incision, exposing about one-third of the circumference of the tumor. The distended sac protruding into the wound renders this last step easy of accomplishment. Into the most depending part of the tumor thus exposed, a fine trocar and canula is introduced and the fluid drawn off;

the entire wound is left open to close by granulation. It is intended that air shall not be admitted into the sac, and therefore the incision should be made with antiseptic precautions, and continue during the subsequent treatment. The degree of inflammation following the operation was in no case very active or extended; no sloughing of tissues nor other untoward feature, although in one case no antiseptic measures were observed. In all cases the scrotum was supported by a suspensory during the time the incision was healing, which was complete by the fourteenth day.

---

#### A STILL BETTER METHOD.

After withdrawing the fluid by aspiration, the needle should be removed, and the walls of the sac simply pressed or kneaded together, and forcibly so, or rather to the extent the patient can bear easily. This should be continued for several minutes. Pressure on the cord and testicle should be avoided. Follow with the passing of adhesive straps to compress the parts, and support the whole with a suspensory bandage.

---

#### RESUSCITATING FROZEN ANIMALS.

Regarding the subject of resuscitation of frozen animals, as well as human beings, the contradictions existing among experimentors and clinical surgeons, are very apparent indeed. The latter advocate the gradual introduction of heat; while the former claim that it should be applied rapidly. In order to decide this question, Dr. Lapschinsky carefully experimented on a number of dogs, with the following results:

Three dogs of the same age, size and species were frozen simultaneously; after freezing one of the animals was immediately warmed in a bath at a temperature of  $37^{\circ}$  R., the second in a room heated to  $22^{\circ}$   $24^{\circ}$  R., and the third in a cold room  $5^{\circ}$  R.; and directly afterwards, according to the symptoms of returning animation and the increase of vital temperature, introduced into a warmer atmosphere. In all three cases, friction with brushes and coarse cloths

were made, and both during and after the experiment specimens of the blood and muscles for the purpose of microscopic examination were secured. Cold air was first made use of, afterwards freezing mixtures, in which the animals were packed, were the freezing agents used, and during the process observations of the rectal temperature were fully noted.

Three classes of experiments, as relates to the intensity of the cold produced were distinguished: 1st. A reduction of the temperature until there was a complete cessation of respiration, and by auscultation the heart's action could be only feebly recognized; 2d. Until there remained a scarcely perceptible respiration and distinctly audible heart sounds; 3d. Until the heart's action and respiration were well marked. The conclusions arrived at are:

The rapidity with which the reduction of temperature takes place, varies in different animals of the same size, weight and temperature, notwithstanding the identity of the freezing medium.

After a definite reduction of the rectal temperature, the animal was most quickly resuscitated by exposure to a high degree of heat, the best means being a hot water bath.

In those instances in which the greatest reduction had been endured, and when slow and gradual exposure to heat was absolutely fruitless, its rapid application by means of the hot bath proved effectual in saving the life of the animal.

Dogs that had been resuscitated by the rapid method were less liable to febrile attacks afterwards than those which had been subjected to the more gradual method.

The blood corpuscles taken from the animal during the process of freezing, assumed the most varying shapes, some of them being perfectly colorless. The blood plasma presented a yellowish red color, probably the result of a loss of hematin.

A microscopic examination of the striped muscles showed many changes; some lost their transverse and others their longitudinal striae; others looked swollen and resembled a string of beads. These changes were found in those fibres

on the periphery of the muscles only—those situated more deeply had undergone no change.

During the gradual exposure to heat in a cold room, it was further observed, that in spite of all attempts at resuscitation, the rectal temperature fell two or three degrees lower, so at a temperature of  $18^{\circ}$  to  $19^{\circ}$  C.,  $64^{\circ}$  to  $69^{\circ}$  F., the death of the animal could be predicted with certainty, when subjected to this method.

This phenomena is attributable, no doubt, to the fact that the animal continues to be exposed to a still further reduction of heat, since, excepting a relative small portion of the body, the cold continues to act upon all parts and the manipulations of the body are insignificant in comparison with that fact.

Wertheimer has demonstrated, by his experiments, that a temperature below  $64^{\circ}$  F., is incompatible with the recovery of the animal.

If an animal with a rectal temperature of  $64^{\circ}$  to  $69^{\circ}$  F. was at once placed in a hot bath, it was surprising with what rapidity all the functions were re-established, due, as I believe, to a rapid warming of the blood; since warm blood is one of the best heat stimulants, and he did not find hyperæmia but anæmia of the brain in those animals that perished.

Of the twenty animals treated by the method of gradual resuscitation in a cold room, fourteen died; of the twenty introduced at once into a warm apartment, eight died, while of the twenty placed immediately in a hot bath, all recovered.

---

**BUFFALO MEDICAL HOSPITAL.**—The Medical Staff is composed of none but the ablest and most experienced physicians and surgeons. It is appointed year by year, and the poorest inmate of the hospital can have as good medical attendance as the city affords.

The attendants, comprising Matron, Nurses, etc., are of the most competent, and all applicants may be assured of a courteous welcome.

Terms for private rooms are from seven dollars per week upwards, including medical attendance. Ward patients pay five dollars weekly.

Applications for admission may be made at the hospital, corner Cottage and Maryland streets, or to any of the following members of the staff for 1880: Physicians, Dr. L. M. Kenyon; Dr. A. R. Wright; Dr. A. C. Hoxie; Dr. N. Osborne; Dr. H. Bathig. Surgeons, Dr. H. C. Frost; Dr. Alex. M. Curtis. Eye and Ear Surgeon, Dr. F. Parke Lewis.

*CLINICAL SURGERY.*

## CONGENITAL KELOID GROWTH OF THE FACE.



A few days after the birth of this child the deformity represented in the cut manifested itself, and continued without increasing or decreasing until he was four years old, at which time he came under my care. The abnormal growth was easily moved with the skin, and raised about the one-sixteenth of an inch above it. On account of its involving the left angle of the mouth there

was some impediment to a full expansion of the oricular orifice. As the child advanced in years the mark became more and more a source of annoyance to his parents, who determined to have it removed if such a course was possible and possessed any probability of success. Once before

I had operated for the removal of a similar growth and failed, as it soon afterwards returned in a worse degree, and I hesitated before advising operative measures in this case. But the thought struck me that here was a chance to try to substitute healthy tissue for diseased structure, by transplantation; which plan I revealed to the mother, and was permitted to carry it out. The patient was chloroformed and all the unnatural growth carefully removed, including a portion of the vermillion labial border.

The edges of the wound were drawn as closely together as possible, and held by narrow adhesive bands, which were retained until the granulating process was fairly established. I then cut three pieces of healthy skin from the mother's arm near the shoulder, and freeing them of all adipose and cellular tissue, I divided them into sixteen smaller pieces and placed them into delicate incisions in the granulations on the boy's face, retaining them there by fresh adhesive strips. On the eighth day I examined them and found that twelve had become adherent by vascularization, each of which became the centre of new cuticular

formation which gradually spread to its neighboring centres, and finally *skinned* over the whole surface. A small spot on the right chin and left lower corner of the mouth again became enlarged, but their size was too small to produce disfigurement.

---

#### CARTILAGINOUS TUMORS OF THE FINGERS.

The patient was a boy eight years old; German; who had never been very strong, nor had he ever been what might be termed sickly, although I was informed that during his earlier years he was considered to be rickety, which statement I did not believe, as there were no present indications whatever tending to show that such a condition, or even a tendency to such a condition, ever existed. The tumors had been growing for four years, were painless, not in the least sensitive, hard slightly nodulated and materially interfered with the usefulness of the hand.

It being the wish of his parents to have the unsightly member removed, having reached that decision only after frequent consultations with various medical advisors, all of whom had expressed opinions that no treatment but that of total removal would be efficient as a cure, I amputated it at the metacorpo-phalangeal articulation, taking a flap from palmar surface, to which point the growths did not extend. The stump was dressed with calendula cloths, the wound healing by first intention.

---

#### NEUROPLASTY WITH RE-ESTABLISHMENT OF FUNCTION.

An article on this subject read before the German Society of Surgeons by Dr. Gluck, who had given much labor and time in experimenting on various animals, contained the following points:

That numerous experiments, and observations private in practice, had proven that plastic operations on the large nerve trunks can be successfully performed. From two nerves lying parallel to each other filaments have been separated and united in the manner of an anastomosis; also after total section of nerve trunks, the latter have been reunited cross-

wise. A portion 2 C. M. long, was cut from the sciatic nerve of a fowl, and another somewhat larger from the sciatic nerve of a rabbit, and by means of cat-gut united the latter portion in such manner as to replace that taken from the sciatic of the fowl. On the eleventh day the superficial wound was reopened, and perfect union of the transplanted portion of nerve was found. Irritation of the trunk above the point of operation produced twitching of the muscles supplied by it, proving that the conducting power through the inserted portion had been re-established. The results were the same whether those furnishing and those receiving the portions of nerve were of the same species or not. Union took place even when the transplanted portion was placed in an inverted manner, *i. e.*, so that the normally central extremity became peripheral. A condition of success is union of the nerve by first intention, so that newly formed intermediate cicatrix has a diameter of not more than a millimetre; if suppuration occurs the extremities of the original nerve become club-shaped, and the portion introduced becomes necro-biotic. Some of the nerves thus operated will respond to mechanical stimulants when they will not to the electric current. Dr. Gluck explains this by the fact that all the nerve filaments do not become united simultaneously (as can be proven by microscopic examination), and that, therefore, only a limited number of them respond to the electric current, while the application of the pincers affects the nerve in its entire diameter. As early as eighty hours after operation the first evidences of conductivity can be discovered. Complete re-establishment of function does not follow until much later.

---

**DEATH FROM RETENTION OF URINE IN A CASE OF PRERECTAL ABSCESS.**

The N. Y. "Medical Record" gives an account of a gentleman, 36 years of age, who having been previously in good health, was attacked with an abscess in the right ischio-rectal fassa. After a week of suffering it was opened and a large quantity of pus evacuated, and at the time of his death, which occurred suddenly about one week after the



incision, it was gradually closing up. He passed urine *frequently and in small quantities*, and only once obtained any relief, which was when his nurse put hot compresses over the abdomen. There was a constant pain over the bladder and a desire to urinate. He died suddenly in a convulsion. At a post-mortem, the cerebral and meningeal sinuses and viens were found distended with blood and the ventricles filled with serum. The bladder was largely distended with urine reaching as high up as the umbilicus. The kidneys were gorged with blood.

The case will illustrate a danger which attends acute disease in the rectal region, and the sad results which may follow a disregard of the ordinary precautions of surgery.

---

#### TO REDUCE PARAPHIMOSIS.

Where the ordinary means fail introduce the convex or looped ends of three or four hair pins underneath the constricting ring, at regular intervals, and over the bridge thus formed the foreskin may very readily be drawn down.—*Cent. Zeit.*, June, 1880.

---

#### TUBERCULAR TUMORS OF THE MAMMARY GLAND.

M. Prichet reports a case of tubercular tumors of the mammary gland in a patient 50 years of age. The mamma was enormously swollen, the appearance of the skin marked by former applications of iodine and irritant lotions. Beneath the integument a hard elastic tumor was felt, presenting two principal prominences, situated at the external portion of the gland, and comprising about one-half the whole organ. The inflammatory phenomena rendered the nature of the tumor quite obscure. Pus formed, and several collections of a creamy nature were let out. When the inflammation had subsided the mamma was found to be the seat of a firm elastic tumor as large as a turkey's egg, having three chief lobules. The tumor was painless, and about the size it was two years before. The patient thought it was a little less swollen than at that time.

Cicetrization proceeded as in ordinary wounds. Subse-

quently the breast was amputated and a critical examination verified the clinical diagnosis.

The decrease of the tumor after obtaining a certain size, and continuing to diminish for two years, speaks against a cancerous nature of the growth. So also does the cicatrization following opening of the abscess. Syphiloma of the mamma was likewise excluded on account of the stability of the tumor during anti-syphilitic treatment.

Adenoma was also excluded, as there were not the attending symptoms of this variety of growth, and consequently tubercular tumor was the only remaining possibility. The rarity of such an affection compelled a more than ordinary investigation that a correct diagnosis might be made, but the strumous condition of the patient, her chloro-anæmic state, and the physical chest symptoms, pointed to a disseminated tuberculosis, and combined with "the method of diagnosis by exclusion" a correct one was found.

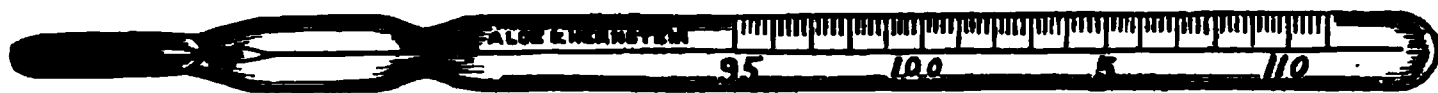
---

NEW VAGINAL SPECULUM.

Dr. F. W. Graves, Woburn, Mass., has designed and introduced to the profession a new combination speculum, that can be used either as a bivalve or Sims, as may be required. The accompanying cuts represent it arranged as both, and, as will be seen from fig. 2, it is somewhat different from Sims', in that the inner surfaces of the blades are concave and convex instead of double convex as is the Sims instrument. The extension movement of the anterior blade and "Sims combination" meet the requirement of the general practitioner, who, often without aid, is required to make vaginal examinations, and for such no better speculum has been devised. It will accommodate itself to the variable dimensions of the different vaginae, whether virgin or a multipara with relaxed vaginal tissues or ruptured perineum. To accomplish this the instrument is introduced and the "sliding bar" pushed forward till the anterior blade rests under the pubic arch, when it is set by means of a screw.

This puts the entire vagina on a stretch from the cervical junction to the vulva, and fully exposes the cervix uteri to the eye.

NEW CLINICAL FEVER THERMOMETER.



Messrs. Aloe & Hernstein, instrument manufacturers of this city, to whom we are indebted for the present cuts, have invented a body thermometer that possesses all the merits of other forms of thermometers, with an additional improvement in the manner of registering the height the column reaches when heat is applied to the bulb. All other kinds have the index-piece formed by introducing an air-speck into the column of mercury, whilst in this one the contraction of the bore is so extremely minute as to obviate the necessity for any air-speck whatever. At every observation this peculiar contraction itself cuts off the entire column above it from the bulb portion below it, and yet a slight shake will dispose the upper into the lower portion. It is also magnifying. We can recommend it.

## NEW SYRINGE.

Edward Hall, of Philadelphia, has issued a new Syringe that we think is superior to anything in the market. It consists of a glass bottle or reservoir, to which is fitted a metal cap through which passes a metallic pipe that extends to the bottom of the bottle and one inch above the cap, a long rubber tube with a nozzle being attached to the outer end. Another central tube passes through the cap to which is fastened a large rubber bulb with an air vent outside, and a smaller one inside having a slit one-third of an inch long. By pressing the large bulb air is forced through the slit in the small bulb, which, as soon as the current ceases, closes again, and thus acts as a valve to prevent its escape. The pressure of the air on the water forces it through the tube, to which is attached the nozzle, and keeps up a constant, steady stream. The velocity of the flow can be made swift or slow, and is regulated by the amount of pressure on the larger bulb. It is equally as useful in injecting mucilaginous or thick or oily substances as it is water, and with as much ease. One of the chief objections to other kinds of syringes is the impossibility of preventing the forcing of air through them, and the frequent sufferings attending such a misfortune. As this one is arranged none can pass. It can be made to act as a syphon when required. The reservoir is graduated so that it is always easy to tell what quantity has been used.

---

TREATMENT OF DISEASED JOINTS.

Prof. Verneuil lately read a paper before the Chirurgical Society of Paris, on the immobilization and mobilization of diseased joints, in which he strongly urges the necessity for prolonged fixation of the joint, as a *sine qua non* in the treatment. He started out with the proposition that "a fundamental principle of therapeutics demands, as an essential condition for recovery, *rest for the diseased organ*;" and that a principle in general physiology not less fundamental affirms that the *activity of an organ* is indispensable to its material and functional preservation," and says

further, "from these embarrassing and contradictory propositions, it follows that the rest which cures a disease may ultimately annihilate the organ ; that the activity which keeps an organ alive may prevent its healing when diseased ; and that rest and activity are equally useful, even necessary, and yet as equally injurious and dangerous." There has always been a difference of opinion among surgeons as to whether joint affections should be treated by a persistent fixation, or by the mixed method of fixation and passive motion interruptedly. It must be admitted that the above principles tend to confuse the practitioner in marking out a line of treatment, and possibly may sometimes end detrimentally to the patient. But it will be observed that they refer to two opposite conditions—the one being pathological and the other physiological. It is a common belief that prolonged fixation of a joint may so alter its structures as to lead to ankylosis. Gosselin says that immobility has no influence in the production of ankylosis, only when it is combined with plastic arthritis. This may be true, and yet the latter be a result of the immobility itself. The larger joints appear to be less liable to take on this pathological change than the smaller ones, which complete and continuous rest may and does in them cause plastic arthritis and consecutive ankylosis. Sir Benjamin Brodin was in the habit of confining his patients suffering with joint affections, to prolonged *rest*, and remarks : " In every case, in which I had it in my power to watch its progress, the complaint has advanced slowly and sometimes has remained in an indolent state during a very long period, but ultimately it has always terminated in the destruction of the joint."

In Vol. 18, No. 8, of the N. Y. Med. Record, is the final report of the Surgical Committee of the N. Y. Therapeutical Society, which contains a record of twenty-six cases of suppurative disease of the ankle joint, and refers to a review by Dr. V. P. Gibney, of the final results in thirty cases that came under his own observation, and which were treated on the expectant plan. Dr. Gibney says that many children annually suffer amputation of the foot, when under conservative treatment the member could have been saved.

He further asserts that neither excisions, partial or complete, offer advantages superior to the EXPECTANT plan, which at once assures a more perfect result than any known to the profession. The expectant plan he defines in these words: "If the joint is inflamed, entire rest is ordered; if abscess form, it is opened; if loose bone is detected, it is simply removed, as if it were a foreign body interfering with the process of healing; if in the further progress of the case malposition of the parts is formed, a support or brace is given to rectify the deformity. The general health is also attended to, as may be inferred. From the fact that *rest* was ordered only when the parts were inflamed we naturally incline to the belief that, during other and later stages more or less motion of the joint was permitted, and perhaps even induced by the surgeon.

Robert Barwell, of London, says, in all joint affections there are two main stages, viz.: an active and a passive one. The first is characterized by the parts being hot, swollen, tender, often reddened, the patient being in a state of pyrexia. In the second stage the joint is more swollen, and its form, if superficial, is rounded, shapeless, dumpling-like; it is cool and *not* tender, or but slightly so; the patient's health is depressed, and the condition is *not* feverish. It is his plan to prescribe movement, first passive and then active, friction, pressure, and a series of exercises calculated to restore form and flexibility as soon as the inflammatory stage has passed. In keeping the joint at rest during the second stage he considered it to be an erroneous and often a fatal practice. No doubt there is a germ of truth in this expression, but it cannot be applied to all cases. I have seen evil consequences follow an attempt to work a strumous joint in what he terms a second stage, and uninterrupted, absolute rest prove to be the required mode of treatment.

It is quite evident that those who employ the mixed method of treating these complaints are more successful than those who pursue a rigorous course of *rest*. Since Hilton published his work on "Rest and Pain," the medical and surgical professions have been agog on the subject, adopting and applying the theory under every and all circumstances without discrimination or judgment.

No one will contend that a patient suffering from joint disease should be strictly confined to a bed or mechanical apparatus if the disease with which he is afflicted continues to grow worse and his health deteriorate, for every surgeon is fully aware of the fact that many such cases imperatively demand free air and free bodily motion. Inactivity joined to sluggishness is not an invariable rule to be followed in opposition to well-established facts, and if surgeons carefully watch their cases a more definite rule of action would be drawn as a guide, and less difference of opinion prevail among the profession.

---

*HOMŒOPATHIC DOSES.*

---

BY DR. JOUSSET, PARIS, FRANCE.

---

Let us glance rapidly at the history of this question. After a first epoch, during which Hahnemann employed medicines in medium doses, there comes a second characterized by the use of doses more and more infinitesimal. Then the decimal dilutions were originated, and an important group of homœopaths confined themselves to the exclusive employment of larger doses. Between these two extremes there appears a mixed school, which profess that medicines *act in any dose*, and which seeks to establish certain rules for the choice of the dose.

This, school, which prescribes, in some cases, *Lycopodium*, *Silicea*, *Cuprum*, *Nux vomica*, in the thirtieth, and even the two hundredth dilution, employs unhesitatingly, in other cases equally obstinate, *Chin.* *Sulph.* *Ferrum*, *Kali. Iod.*, *Mercurius*, in tenth-grain and even in grain doses.

It is precisely this mixed school which has need to solve the problem which forms the subject of this lecture. The establishment of a system removes all difficulties; and yet if both cure, both also too frequently fail.

For if one or the other extreme schools should invariably cure, we should have only to connect ourselves with that school.

The insufficiency of the pure infinitesimalists, is not contested. But they affirm that if the medicine does not act in an infinitesimal dose, it is because it is badly chosen. This is a convenient argument, and one which consists in habitually accusing its adversaries of ignorance or of indolence. I will oppose this argument, with a simple anecdote, which has its instructive side. A Spanish lady, attacked with an intermittent facial neuralgia, was treated unsuccessfully for a year by one of the purest and most distinguished homœopaths. Was it the *psora* which caused the failure? It surely was not the bad choice of the remedy; the length of treatment and the reputation of the physician do not permit us to entertain such a supposition. Well, this lady, having arrived in Paris, is cured in eight days, with some grains of Sulph. of Quinine.

Have I not seen sufferers from cardiac asystolia, abandoned by homœopathy, powerless to relieve by infinitesimal doses, experience, if not recovery, at least considerable amelioration from *Digitalis* in a large dose? Does not Rogers, quoted by Richard Hughes, affirm that the repugnance which certain homœopaths have to the employment of the Sulphate of Quinine in large doses in intermittent fever, has much injured our doctrine in certain localities, and he corroborates his statements by our own statistics.

In the diarrhœa amenable to *Ars.* to *Phos. ac.*, to *Bis.*, and to *Rheum*, I am convinced by successive trials, for the purpose of demonstration, that the low triturations and the large doses act more surely than the high dilutions. I am happy to be able to give here the testimony of Dr. Allen, who, after having given in vain both the thirtieth and the two-hundredth dilutions of *Ars.* in a case of diarrhœa, succeeded with the third trituration of the same medicine. *Tabacum*, which is a medicine very well indicated in vertigo with vomiting ought to be prescribed frequently in a low dilution,—the third, and even the first.

The Marquis of M—— came to consult me for a vertigo of this kind, lasting very many years. His physician believed it to be an affection of the stomach, as there were frequent vomitings and considerable emaciation, *Tabacum* cut short the crisis, and finally completed the cure, but I was obliged



to descend from the third to the first dilution; the twelfth and the thirtieth, having been tried upon the disease, remained without effect.

The acute ganglionic congestions which yield so easily to a few drops of the tincture of Bell., resist indefinitely the high dilutions of the same medicine. Ferrum in chlorosis, Merc. and Kali. Iod. in syphilis, Chin Sulph. in intermittent fevers, according to the generality of homœopaths, should be prescribed in substance.

On the other side, I have proved, by experiment, many times, the value of doses by a gradually ascending scale of dilutions; and have found that in obstinate cases the infinitesimal doses possess an unquestionable superiority. Nux Vom., for example, has an action much more certain in the twelfth and the thirtieth dilution, in neuralgias and certain affections of the stomach, than the low dilutions or even the tincture itself, this is true also of Sil. in scrofulous affections, of Lycopod. in constipation, of Cup. in cramps, of Sulph. in phthisis, etc.

It is certain that there are medicines which in obstinate cases, act in any dose. It is also certain that even with these medicines there is always a preferable dose, and it is more certain, as we have but a moment since demonstrated, that there are some cases which resist infinitesimal doses. While others are absolutely intractable to large doses. I believe it is the study of medicine upon the healthy man which will give us the solution that we desire. The works on materia medica of Hahnemann and his pupils, both allopaths and homœopaths (for to-day all the therapeutists study materia medica after the method of Hahnemann), demonstrate that all medicines produce upon a healthy man two orders of actions, and these actions are contrary. Thus any medicine which by its primary action increases the temperature, by its secondary action lowers it; that which at first diminishes the pulse afterwards accelerates it; the same medicine produces both cerebral excitement and somnolence, both diarrhœa and constipation, both pain and anæsthesia. The symptoms which appear first have been called primary, the others secondary. Again, what frequently appears in the provings is a kind

of alternation of opposite symptoms; the secondary succeed the primary, which in turn reappear after the secondary. The experimental method has demonstrated likewise that the dose of medicine employed has a considerable influence in the production of alternate effects of the medicines. Thus with very strong doses the primary symptoms are nearly suppressed, and the secondary symptoms are directly produced. For example, strong doses of Aconite produce collapse with chill, without previously having raised the temperature; they produce anæsthesia without having caused pain; purgatives in large doses purge without having caused the previous constipation, etc. Very small doses, on the contrary, produce especially primary symptoms; thus Acon. and Rheum in small doses produce, the first, an elevation of temperature; the second, constipation, etc.

Upon the healthy man all medicines, then, show us two opposite actions, and these opposite actions are produced almost at will by the dose administered. Is it not evident, therefore, that if we wish to apply the law of similitude we ought, in the choice of the dose, to conform ourselves to this rule, and administer large doses whenever they are analogous, when we wish to combat a symptom which approaches to the secondary action of the medicine; and on the contrary, to prescribe infinitesimal doses when we have before us a symptom which approaches to the primary action of the medicine? For example, Rheum in small doses upon a healthy man produces constipation, and a large dose diarrhoea. If we wish to apply here the law of similitude, we ought then to administer infinitesimal doses in constipation, and the first dilutions, or even the mother tincture, in diarrhoea. The same rule applies to all medicines which in small doses produce constipation, and in large doses diarrhoea; that is to say, to that class formerly known under the name of purgatives. Thus Digitalis in toxic doses, produces asystolia, and in order to cure asystolia it requires doses of Digitalis approaching to toxic (maceration of leaves).

The poisonous doses of Quinine produce dangerous paroxysms, with syncope, which we find in the patho-genesis

of Hahnemann; and it is the Sulphate of Quinine in nearly poisonous doses (one to two grains) which cures the pernicious fevers.

Thus Mercurius in strong doses, continued upon a healthy man, produces ulcerations and a cachectic condition analogous to variola, and it is the same large doses which cure variola. Thus Croton Oil, Rhubarb, Bismuth, Veratrum, Arsenic, which in large doses produce diarrhoea, cure it better with the low than with the high dilutions; also tobacco, which in large doses produces upon the healthy man vertigo with vomiting, cures much better the condition called *vertigo a stomacho læso*, in the low than in the high dilutions. Again, the habitual use of water containing Iron produces a state of anæmia similar to chlorosis, and in order to combat chlorosis it is necessary to use Iron in strong doses.

In another sense we find, for example, that Silicea produces, in dynamized doses, congestion and pains in the glands of the neck, ulcerations of the throat, pains in the pre-existing ulcers. In order to cure these symptoms we should choose the infinitesimal doses of Silicea. It is with the dynamizations that Hahnemann has obtained the greater part of the symptoms of Sulphur, and the generality of homœopaths counsel the administration of the twelfth and thirtieth of Sulphur, in the treatment of diseases. These considerations apply also to Lycopodium, to Sepia, and to the majority of medicines. Yet one great difficulty is that the pathogeneses are made up in such a manner that we frequently ignore both the doses employed and the distinction between the primary and secondary symptoms. This is why I demand a reform in the materia medica. In allopathy the reverse is the rule. Thus it applies the secondary action to the cure of primary symptoms, and, *vice versa*, the primary action to the cure of secondary symptoms: for example, Rhubarb, in large doses, secondary action, for constipation, which is a primary effect of Rhubarb; Aconite in large doses, secondary action, for febrile heat, which is a primary effect of Aconite; Digitalis in large doses, secondary action, for rapid pulse, primary effect. On the contrary, when allopaths give Sulphate of Quinine,

Mercury, Iron, Opium, in large doses for intermittent fever, syphilis, chlorosis and diarrhoea, they practice homœopathy, since they prescribe for symptoms analogous to the secondary actions of medicines, doses capable of producing secondary effects.

But if allopaths frequently practice homœopathy without knowing it, it is just to add that homœopaths who prescribe twenty and forty drops of the mother tincture of Aconite in fever unconsciously practice allopathy; for they apply the secondary action of Aconite lowering the temperature, against the febrile heat: *contraria contrariis curantur*.—[*American Homœopath*, September, 1880.]

---

## CLINICAL REMARKS ON THE SUBJECT OF AFFECTIONS OF THE HEART.

---

BY DR. MARTINY.

---

[Translated by Roswell D. Valentine, from the *Revue Homœopathique Belge*.]

Obs. IV. At the commencement of my studies and of my practice of homœopathy, I did not think that even our remedies could have any influence whatever over heart affections, which I considered incurable. I hardly ever employed the infinitesimal doses on these maladies. Having one day met Dr. Mouremans he assured me that he had cured true affections of the heart, and gave me some indications for the employment of *cactus*. I confess that I doubted a little these cures. I thought rather there was a transient amelioration, a certain remission of the symptoms, such as we see frequently enough.

I proposed, however, to try *cactus* on the first occasion. A short time afterwards one of my friends sent to me a poor postman from a small town near Brussels. This unfortunate had been suffering a long time, and was going to be dismissed because he was unable to perform his work. He was taken with palpitation of the heart after a movement more rapid than usual, or after the least emotion. He experienced then a sharp pain in the precordial region, "as if his heart were squeezed in a vise," such was his ex-

pression; formerly he had suffered with sciatica, pulse bounding, heart slightly hypertrophied, second sound rough and blowing; a light sound of friction indicated that the pericardium was attacked; cardiac pulsations very violent. He had from time to time vertigo and a sensation of agitation in the head.

This case appeared to me exactly enough adapted to *cactus*. I prescribed three powders containing each three globules of *cactus* 3 c., to dissolve each powder in six spoonfuls of water, dose, two spoonfuls a day, one in the morning, one in the evening; after the first powder to remain two days without medicine before commencing the second, and so on. A little amelioration having supervened, I persisted in the treatment; the improvement progressed slowly, it is true, but regularly; the poor employee was able to continue his severe work, and at the end of about two years he no longer felt anything. Was he cured? Radically. Neither percussion nor auscultation gave any abnormal signs.

I had completely lost sight of this man, when lately, being in the little town where he lives, I saw him coming to meet me full of health and life; having heard of my arrival, he had hastened to come "to thank me once more."

Such is the history of the first cardiac affection which I treated by homeopathy; it has made a strong impression upon my mind. It is well to note that the medicine was in the 3rd centesimal dilution, a fantastic dose with our adversaries, and of which the patient took only three globules in three days; three globules of sugar of milk saturated in the 3rd dilution of *cactus*—that is to say, in a mixture containing one-millionth of a drop of the tincture of *cactus*.

The partisans of strong doses would laugh at this; however if they would reflect a little, they would see that toward the world of the infinitely small, toward the molecular world, are directed at the present day the researches of all savans, and all the new discoveries are demonstrating the power of these infinitesimal molecules and their marvelous properties. Such are, for example, the curious studies of P. Carbonelle upon the movements of microscopic corpus-

cles suspended in a liquid; such are again the more recent experiments of M. Crookes upon radiating matter. (1) The progress of sciences are furnishing brilliant proofs of the sometimes marvelous action of remedies given in the infinitesimal dose.

But, returning to our patient, I ought to add that I did not modify his ordinary regimen; he drank only weak coffee; I did not think it necessary to prohibit it. I insist a little upon this detail, because our opponents would not fail to attribute the cure to regimen.

There was suspicion here of aortic insufficiency of an angiocardiac form with phenomena on the part of the pericardium; the lesion was not advanced, it is true, the hypertrophy was not yet very pronounced; the affection was probably of a rheumatic nature; the patient had been tormented formerly by a sciatica of long duration.

Without the aid of homeopathy, this unhappy man who was placed in the worst condition of hygiene, would have rapidly succumbed to the progress of his disease, one of the gravest amongst affections of the heart. As we have said above, we are of the opinion of those who think that it is not necessary for the treatment to preserve all the distinctions established in diseases of the heart, we believe, however, that in the prognostic point of view particularly, it is well to distinguish plainly, mitral from aortic affections: we speak only of insufficiency, for, as M. See says, simple aortic narrowing is very rare, and when it exists without other alterations, there is easily established a sufficient compensation, and this lesion is compatible with a long life; insufficiency, on the contrary, is of all valvular lesions that which gives occasion oftenest to surprises, to sudden death. Every time that it is well made out, it is necessary to warn the relatives of the patient that accidents sometimes most shocking are to be feared. On the other hand the most stringent orders ought to be given to the unhappy patient to avoid every kind of error.

(1) *Revue des questions scientifiques.* Janvier, 1880.

## Book Notices.

---

The Second Volume of Duncan's Diseases of Infants and Children, has now been out some time, and has, in general, been well received. We have looked it over faithfully, every page of it, and are pleased to state that it is a worthy companion-piece to Volume 1st. The indefatigable author has gleaned thoroughly and well a very wide field, and is entitled to our thanks for these two fine volumes—the first in our language in the Homœopathic school. How he does so much traveling and writing, and editing, and thinking, and talking, and publishing, and advertising, and yet remains so *plump* and genial, is a mystery to those who dwell among books.

Ah! a second thought explains it all! He is not a *dux* in a College Faculty; hence his liver *ducts* are always in good condition and *ergo*, himself a *good liver*.

This second volume includes all the diseases of the Liver, Pancreas, Spleen, Supra-renal capsules, Thymus, and Thyroid glands, and the Lymphatics, giving in each case the Anatomy and Physiology of the organ, as well as the treatment of its complaints. Then follows the affections of the heart and blood vessels, the air passages and genito-urinary diseases of both sexes, and closing with diseases of the brain, skin, eye and ear, worms, bronchitis and congenital or infantile syphilis.

What especially pleases us is giving the anatomy and function, and development of each organ, before attempting to describe any disease or its treatment.

It is another monument to American authorship, and is in the line of two-thirds of our practice. 'Tis a handsome book of 980 pages, and costs but \$3.50. A library without it will be incomplete.—[Ed.]

---

TRANSACTIONS OF THE AMERICAN Homœopathic Ophthalmological and Otological Society—fourth annual meeting, Milwaukee, June 15, 16 and 17, 1880. Pp. 86, 8vo.

A most excellent set of papers by our best specialists—interesting even to a common doctor. *The learning* of our aurists and oculists add greatly to the tone and *esprit du corps* of our school, in its rapid strides to the front in the last ten years.



LUTIES' HOMŒOPATHIC CIRCULAR, October, 1880.

MUNSON'S HOMŒOPATHIC BULLETIN, September, 1880.

PRICES CURRENT—Of McKesson & Robbins, Wholesale Druggists. New York, 1880.

BOERICKE & TAFEL'S Quarterly Bulletin of Homœopathic Literature. New York and Philadelphia.

THE VINUM-NUTRIO.—Phos. Phaticum, in relation to Health and Disease, by the Orthozoic Chemical Association. 1200 Broadway, N. Y.

THE WESTERN FARMER OF AMERICA.—By Augustus Mongredien, author of Free Trade and English Commerce. Cassell, Peter, Gilpin & Co., London, Paris and New York.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY, and of the London School of Homœopathy. London, England. Published half-yearly—to be had at Boericke & Tafel, 145 Grand Street, New York.

REPORT OF THE BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS to the American Institute of Homœopathy, at its session held in Milwaukee, June 15, 1880. I. T. Talbot, Chairman Bureau.

GENERAL PARESIS.—By Seldon H. Talcott, M. D., Medical Superintendent New York State Homœopathic Assylum, for the Insane, Middletown, N. Y. From the author. Reprint from the *Homœopathic Times*, May, 1880.

"DOCTOR, WHAT SHALL I EAT?" — A Hand-Book of Diet in Diseases for the Profession and the public, by Chas. Gatchell, M. D., formerly Prof. of Theory and Practice of Medicine, University of Michigan. From the author, Milwaukee, 1880; pp. 147; 12 mo.

WE have received some advanced sheets of Eaton's new book on Gynecology, and are delighted with their appearance. It has the largest type of any work in our school, and is decidedly pleasant to to the eye of the critical reader.

NINTH ANNUAL REPORT of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., with the compliments of Dr. Seldon H. Talcott, M. D.

Great thanks are due the great State of New York, whose generosity and enlightenment is doing such a great and good work for humanity and Homœopathy.

HOYNE'S CLINICAL THERPEUTICS.—Parts IX and X of Volume II. From the author. Pp. 643. Price \$2.00.

We are pleased to see Prof. Hoyne getting along so well, with his succession Parts. He is certainly a man of *parts*, all of which are good and most of which are excellent. The continuation of citation of cases under each remedy is the strong point of his *Therapeutics*, and the true way to impart knowledge to the student of medicine.

HEMPEL'S MATERIA MEDICA AND THERAPEUTICS, by Arndt.—Vol. I., has been lying on our table for the last month, and we have conceived a greater liking for it than any other, except it be Cowperthwaites'; and as they do not occupy the same field, there is no rivalry between them, both authors being rising men of undoubted ability and promise



in our Western Universities, where the best of American thought is now being molded. The laurels of authorship are certainly moving with the tide of Empire.

It has fallen to our lot to search through many books at various times, some with great pleasure, some with great disappointment. This volume meets the demand with us, by reason of its scholarly finish and satisfying completeness.

Not all the works of Hering, Lippe and Allen have done so much as this *Materia Medica* of Hempel's to popularize Homœopathy, and to inculcate a catholicity of spirit among the profession, never forgetting that science is the handmaiden of medicine, and Pathology the foundation stone of Therapeutics.

But what makes this volume so useful as a daily companion is the great abundance of clinical cases found under nearly every remedy, well-chosen and illustrating the special curative field of each special drug. Another good feature is a very complete clinical index, which adds greatly to the convenience and value of the work. And lastly, we have to thank W. A. Chatterton, the publisher, for giving us the handsomest printed and bound book that ever appeared from the Medical press of the great city by the "unsalted seas." Pp. 780, 8vo. Price, \$5.50 Cloth; \$6.50, half morocco.

DR. CHAS. GATCHELL'S *HAND-BOOK OF DIET IN DISEASE*, fills an "aching void" in every sick man's stomach, in a most scientific and satisfactory manner. We therefore recommend its purchase by every doctor everywhere. The Chapter on "How to Feed Fevers," has appeared already in full several months ago in the "*CLINICAL REVIEW*," which shows how highly we value this beautiful little book of 147 pages. It gives the appropriate diet in Dyspepsia, Constipation, Consumption, Diabetes, Scrofula, Rheumatism, Diarrhœa, Biliousness, Diphtheria, and many other diseases. Also, diet for travelers, for corpulent and in sea-sickness, alcoholism and cholera-infantum. Gives directions how to nurse, and feed, and wean the baby, and how to choose a wet nurse; and not the least among its good things to have in the family, is the scattering through its pages of 121 recipes for preparing beverages, meats, oysters, broths and soups, breads, gruels, custards, etc.

It is written in an easy, flowing style, and shows that the author knows a thing or two besides medicine, although only married a short time.

---

## Editor's Drawer.

---

REMOVED.—Dr. Adolphe Uhlemeyer from 1411 Salisbury street to 1420 same street. Residence, 1209 Grand avenue.

PROF. KERSHAW will deliver the opening address of the College Course, in St. Louis, on the 28th day of September, at the College Hall, at 10 A. M.

DR. J. P. DAKE, JR., formerly of Nashville, Tenn., has located in Hot Springs, Ark., and formed a partnership with Dr. L. S. Ordway, who is widely and favorably known as a long resident of Hot Springs. With such a sire as J. P. Jr. has, an auspicious future certainly awaits him.

**RETURNED.**—Profs. Walker and Parsons from Ingleside, Lake Minnetonka, greatly refreshed and rested. Prof. Parsons has assumed the management of the Surgical Department of the CLINICAL REVIEW, and has furnished all the surgical material for this number.

**DR. C. H. GOODMAN** is at the sea-shore with his family—dallying with old Neptune—on the festive Atlantic waves. May his shadow grow larger! He may be cultivating the theory and practice of public speaking with a pebble under his tongue, as *we* and Demosthenes did some years ago!

**DR. HAGGART**, one of the leading Homœopathic physicians of Indianapolis, has accepted the Professorship of Physiology and Hygiene in the Indiana Eclectic Medical College, soon to be opened in this city. As the teaching of these sciences do not embrace therapeutics, no special compromise and to be made, either by the Doctor in accepting or the Trustees in tendering him the position.

**COLLEGE ALUMNI.**—The following names were inadvertently omitted in the *Circular Letter* issued by the Executive Committee on September 10th: I. N. Eckels, M. D., Honorary Degree, San Francisco, Cal., and I. Kafka, Bohemia, both in 1871. In 1873 E. B. Potter, M. D., Paducah, Ky., received the *ad eundem* degree.

**HOMŒOPATHIC COLLEGE FREE DISPENSARY REPORT** for the Month of August, 1880.—Cases: Surgical clinic, 282; Gynæcological clinic, 112; Eye and Ear clinic, 55; Neurological clinic, 19; General clinic, 561. Total, 1029. Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Dentist and Aurist; Dr. Kershaw, Neurologist; Dr. Dionysius, in charge General Clinic.

**MARRIED.**—James A. Campbell, M. D., and Miss Eva Burden, both of St. Louis, were married September 15th, and left same day for the Northern Lakes, on a bridal tour. "Take him for all in all, we shall not look upon his like again"—as a bachelor. Anybody can make a pun here, but as the groom is a most inveterate punster himself, we will strike the harp gently, and softly remark that our Campbell is abundantly able to carry off his Burden. It is Eva thus!

**LACTOPEPTINE.**—With this preparation we have, in the last two months, cured two cases of dyspepsia. (One was an emaciated anæmic gentleman, who vomited at the close of each meal the entire contents of his stomach. A dose (5 grs.) after each meal cured in three days. The other, a lady with endometritis of long standing; had a fiery burning in the stomach after eating, with sour eructations. Cured in same way in ten days.

**THE HERING MEMORIAL MEETING.**—The St. Louis Society of Homœopathic Physicians and Surgeons has appointed a committee to make arrangements for suitable exercises in commemoration of the life and services of Dr. Hering, on the 10th of October, in St. Louis. The committee consists of Drs. Comstock, Gundelach, Richardson, Uhlemeyer, and Goodman. Resolutions will be passed. Prof. Walker will deliver the memorial oration, Prof. Valentine an original poem, and Dr. Chas. Gundelach will give personal reminiscences of the distinguished deceased. Many others will prepare remarks, and all are invited to participate in this memorial meeting.

**A HOMŒOPATHIC DOSE-LIST.**—In Dr. Sam. Potter's forthcoming book will appear a complete dose-list, which is very admirable. below we illustrate the plan, its utility being shown at a glance.

Figures alone, signify the attenuations on the centesimal scale; followed by an x, the attenuations on the decimal scale.

The variation in the type is used to distinguish the most important drugs from those less so. The medicines of first rank are in **Black Type**, those of second rank in **SMALL-CAPS**, those of less importance in lower-case :

ABBREVIATION.	NAME AND SYNONYM.	ATTENUATIONS, ETC., mentioned by			
		Ruddock	Hughes.	Hale.	Others.
Abies can....	Abies Canadensis, <i>Hemlock spruce.</i>			o	
Ac. benz. ....	Acidum benzoicum, <i>Benzoic acid.</i>	3x, 2	3		
Ac. carb. ....	Acidum carbolicum, <i>Carbolic acid.</i>	1x, 2x	1-3	2x-6x	
Ac. fluor. ....	Acidum fluoricum, <i>Fluoric acid..</i>	3x, 3	5x		
Ac. gall. ....	Acidum gallicum, <i>Gallic acid.</i>			1x, 6, 12	
Ac. hydrobro.	Acidum hydrobromicum, <i>Hydrobromic ac.</i>			o 1x, 6	
Ac. hydrocy.	Acidum hydrocyanicum, <i>Prussic acid..</i>	1, 3x	1, 3x, 6x		
Ac. mur.. ....	Acidum muriaticum, <i>Muriatic acid,</i>	1x, 1, 3	1x, 2x		
Ac. NIT. ....	Acidum nitricum, <i>Nitric acid.</i>	1x, 1, 3x, 3	1x, 30		
Ac. oxal. ....	Acidum oxalicum, <i>Oxalic acid.</i>	3x,	2		
Ac. PHOS. ....	Acidum phosphoricum, <i>Phosphoric acid..</i>	1x, 1, 3x, 3	1x		
Ac. pic. ....	Acidum picricum, <i>Picric acid..</i>			6, 10	
Ac. salic. ....	Acidum salicylicum, <i>Salicylic acid.</i>			0, 1, 3	
Ac. sulph. ....	Acidum sulphuricum, <i>Sulphuric acid..</i>	1, 6, 12	2x		
Ac. sulphs. ....	Acidum sulphurosum, <i>Sulphurous acid.</i>	1x			
Ac. tann. ....	Acidum tannicum, <i>Tannic acid..</i>	1x			
Acon. ....	Aconitum Napellus, <i>Monks'-hood..</i>	1x, 3x, 6	1x, 3x, 30		

PHILADELPHIA, August 14th, 1880.

At a meeting of the Homœopathic Physicians of Philadelphia, held July 25th, 1880, in reference to the decease of Dr. Hering, the following resolution was adopted:

"That a Memorial Meeting be held in honor of the deceased, at which physicians from all parts of the world should be invited to participate, either in person or by letter."

The following Committee was appointed to carry the resolution into effect: Drs. Ad. Lippe, Edward Bayard, William Wesselhœft, H. N. Guernsey, J. C. Lee.

On the 13th of August this Committee met at the house of Dr. Ad. Lippe, and the following resolutions were adopted:

To call a Memorial Meeting of Dr. Hering, to be held in the City of Philadelphia, in the Hall of the Hahnemann Medical College, on Sunday, October 10, 1880, at 8 P. M.

To notify all the Homœopathic Journals of this Memorial Meeting, and ask them to so publish it.

To notify the friends of our School, and of the deceased, in all parts of the world, of this proposed Memorial Meeting, to ask them to hold a Memorial Meeting on the same day, and forward the report of such meeting to this Committee for incorporation in a memorial volume to be published by the friends of the deceased.

By order of the Committee,

AD. LIPPE, Chairman.

**A CIRCULAR LETTER TO THE  
ALUMNI OF THE HOMŒOPATHIC MEDICAL COLLEGE OF  
MISSOURI.**

ST. LOUIS, MO., September 10th, 1880.

AT the close of the spring session of the Homœopathic Medical College of Missouri, the Managers of the Institution, with the prospect before them of having a new and commodious college building, grounds, etc., after mature reflection, and with the full consent of the teaching body, obtained a new charter and a new name to be styled the St. Louis College of Homœopathic Physicians and Surgeons. This change was made solely for financial reasons.

A new Board of Trustees was chosen, composed of some of the best known and most respectable citizens of St. Louis.

The following gentlemen compose the

**BOARD OF TRUSTEES.**—G. S. Walker, M. D., Robert E. Carr, Gerard B. Allen, David P. Dyer, T. G. Comstock, M. D., Benj. W. Lewis, Charles Gundelach, M. D., Wm. Collisson, M. D., Azel B. Howard, Hugh McKittrick, Ex-Gov. E. O. Stanard, Charles Vastine, M. D., Rev. John Snyder.

The faculty is unchanged, is perfectly harmonious, and working enthusiastically for the College and the Homœopathic School of Medicine.

Nine members of the Faculty have been honored teachers of this College for years, and their names are known wherever Homœopathy has a foothold.

Below are the names of the old teachers in this College, the present Faculty of Medicine of the St. Louis College of Homœopathic Physicians and Surgeons. (See fourth page of cover.)

As the St. Louis College of Homœopathic Physicians and Surgeons is practically the successor of the old Homœopathic Medical College of Missouri, it is proposed to grant the *ad eundem* degree of the St. Louis College of Homœopathic Physicians and Surgeons to all good and reputable graduates of the old college who may desire said degree. It may be proper to state just here that the charter and name of the Homœopathic Medical College of Missouri is still held by its Officers and Board of Trustees, and no other college or institution possesses it at this time, nor has any other organization any claim, right or title to the name.

The following document, bearing upon the subject, may be of interest:

JEFFERSON CITY, MO., August 24th, 1880.

C. W. SPALDING, M. D., 1525 Olive street, St. Louis:

DEAR SIR—The papers of Articles of Association of the "Homœopathic Medical College of Missouri," referred to in yours of this day received, have not reached this office. \* \* \* \*

When the papers relating to the College referred to by you are received, I will give you due notice thereof, and time to make your objections to the Incorporation.

Very respectfully, your obedient servant,

[Signed] MICH'L K. McGRATH, Sec'y of State.

The regular Lectures and Clinics for the coming session will be held at the old College Building, 10th and Carr streets, where they have been delivered for several years past, beginning Sept. 28th.

JAMES A. CAMPBELL,

C. L. CARRIERE,

ADOLPHE CHLEMEYER,

J. MARTINE KERSHAW,

Executive Committee of Alumni Association of Homœopathic Medical College of Missouri.

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME III

ST. LOUIS, OCTOBER 15, 1880.

NUMBER 8.

---

*See Herring Memorial page 233 to  
Herring Memorial Services, 260*

---

Held in ST. LOUIS, OCTOBER 10th, 1880.

---

## COMMITTEE OF ARRANGEMENTS.

CHAS. GUNDELACH,  
S. B. PARSONS,  
JAS. A. CAMPBELL,

T. G. COMSTOCK,  
J. MARTINE KERSHAW,  
WM. COLLISSON.

The Philadelphia friends of Dr. CONSTANTINE HERING soon after his death, assembled in a public meeting, and asked that all over the world, commemoration meetings should be held on the same day, at the same hour, and selected the 10th of October to be the day, and eight o'clock P. M. to be the hour. In compliance with this request, and under the inspiration of such an appropriate and beautiful thought, something over four hundred of the best people of St. Louis met at Pickwick Hall at the above appointed time, to listen to the Hering Memorial Services given under the auspices of the St. Louis Society of Homœopathic Physicians and Surgeons.

Music softened and sweetened the air. The hush of prayer pervaded every heart; the muses sung in lyric and heroic verse, and oratory, in all the luxuriant finish of

classic diction, hung garlands of *immortelles* all along the wondrous career of the hero whose memory we met to honor.

The meeting was called to order by W. A. Edmonds, M. D., President of the St. Louis Society of Homœopathic Physicians and Surgeons.

---

QUARTETTE.—“Come Gracious Spirit,” E. Marzo. Sung by Mrs. O. Girard, Mrs. J. E. Mills, Prof. Allman, and H. Blickhan. Miss Lizzie Garriott, accompanist.

---

INVOCATION.—Rev. John Snyder.

---

BIOGRAPHICAL SKETCH BY DR. CHARLES GUNDELACH,  
Chairman of the Committee of Arrangements of the “Hering Memorial Meeting.”

Constantine Hering was born in Oschatz, Saxony, on the first day of January, 1800. From his earliest age he exhibited an insatiable thirst for knowledge, and many of his boyhood's earliest hours were spent in wandering over his native hills exploring the works of nature. From 1811 to 1817, while attending the classical school at Zittau, he made a large and valuable collection of minerals, herbs, skulls and bones of animals. His medical studies were pursued at the Surgical Academy of Dresden. Later he entered the University of Leipzig. Here the celebrated surgeon, T. Henry Robbi, who was his preceptor, made him, in 1820, his assistant. While thus employed, Dr. Robbi was requested by the founder of a publishing house to prepare a work that in its thorough exposure of the system, should utterly uproot homœopathy from the land. Dr. Robbi declined the enterprise, but referred him to young Hering as one perfectly competent for the task. Hering accepted, and in preparing himself was compelled to consult the works of Hahnemann, which, after a diligent research and study, convinced him of the truth of the law. “*Similia Similibus Curantur.*” He pursued this new study with characteristic ardor against the counsels of his teachers and the entreaties of his friends. An incident which occurred about this time contributed largely to

the decision at which he had arrived. He had received a dissecting wound which resisted the utmost efforts of the best physicians and surgeons. His hand was in such a condition that amputation was advised as the only hope of saving his life. In this exigency Hering applied to a homœopath, who gave him encouragement. The treatment\* proved eminently successful and saved the limb. Dr. Hering then determined to devote his life to homœopathy. In 1825 he was enabled, by pecuniary assistance, to prosecute his studies at the University of Wurzburg, where he graduated the next year on the 23d day of March, with honor, defending at the same time his chosen thesis, "*De medicina futura*," thus showing no concealment of his sympathy with the views of Hahnemann.

In the following year he was appointed instructor in mathematics and natural science in Blochmann's Institute in Dresden, and after remaining there for several months he was appointed as a member of the royal commission to make researches and collections in zoology in Surinam, South America. During his stay there he continued his study of homœopathy and practiced it to some extent, besides writing some articles for the "Homœopathic Archives." This latter proceeding was brought to the notice of the King, who directed Dr. Hering to confine himself to the duties of his appointment and let outside matters alone. By the return mail Dr. Hering sent in a report of his accounts in full, and, resigning his official position, began the practice of medicine in Parimaribo. A few years later he sailed for home, and on the way landed in Philadelphia, in 1833. Here he found that a good introduction of homœopathy had been made by the late Dr. George H. Rute in the previous year, during the epidemic of cholera. He was persuaded to stay, and soon acquired a large and lucrative practice. Dr. Wm. Wesselhoeft, who had established homœopathy on a firm footing in several counties in Pennsylvania, made Dr. Hering's acquaintance and proposed the establishment of a homœopathic school at Allentown, which was to be supported by a stock company. Dr.

---

\*Arsenicum.

classic diction, hung garlands of *immortelles* .  
wonderous career of the hero whose memo  
honor.

The meeting was called to order by W. A.  
D., President of the St. Louis Society of  
Physicians and Surgeons.

---

QUARTETTE.—“Come Gracious Spirit,” E  
by Mrs. O. Girard, Mrs. J. E. Mills, Prof.  
Blickhan. Miss Lizzie Garriott, accompa

---

INVOCATION.—Rev. John Snyder.

---

BIOGRAPHICAL SKETCH BY DR. CHAR  
Chairman of the Committee of Arrangements  
ial Meeting.”

Constantine Hering was born in Ose  
first day of January, 1800. From hi  
hibited an insatiable thirst for knowle  
boyhood's earliest hours were spent in  
native hills exploring the works of  
1817, while attending the classica  
made a large and valuable collect  
skulls and bones of animals. He  
pursued at the Surgical Academy  
entered the University of Leipzi  
surgeon, T. Henry Robbi, who  
him, in 1820, his assistant. W  
Robbi was requested by the fou  
to prepare a work that in its  
system, should utterly uproot i  
Dr. Robbi declined the enter  
young Hering as one perfect  
Hering accepted, and in prepa  
to consult the works of Hal  
gent research and study, con  
law. “*Similia Similibus*  
new study with characterist  
his teachers and the entre  
dent which occurred about



offingen, 1853-1857.

ative Materia Medica, 1866.

June, 1875.

ditions, 1877-1879.

... of which he com-

his, his life work, pro-

of every drug used by

work will occupy twelve

4. The manuscript is in

ably be completed.

an imposing and dignified

... spectacles; beard full

...Hering was married three

ed in South America, where

now resides in Parimaribo.

married a Philadelphia lady,

Children, only one surviving, a son, Robert, 33, 1000 1/2 St.

in Boston. His second wife  
Germania

Germany in 1839 he married  
 Heim, a celebrated ethnologist

them, a celebrated allopathic  
of eight children, six of whom

eight children, six of whom

and health until about ten years

ge of seventy, he occasionally suf-

Even to the last day of his

Even to the last day of his good health, having attended to

day, had retired later in the even-

was engaged in his literary study,

attacked with paralysis of the heart

sorrowing family, on Friday

80, in the 81st year of his age.

W. A. EDMONDS, M. D.

and distinguished and subdued by bereavement in

distinguished friend, to condole with each  
 ore loss, and to pay the last sad tribute to

and to pay the last sad tribute to

naturally inclined to a great and noble life, like that of Dr. Her-

incline to be inquisitive as to the

Hering agreed to remove to Allentown and to assist in the school whenever a salary was "guaranteed to him equal to that of any first class clergyman in Allentown."

The stock company was formed and the salary provided and Dr. Hering went to Allentown, where he remained two or three years. He was made president of the Homœopathy School, which was the first of its kind in the world, and from which the Homœopathic Medical College of Pennsylvania was afterwards started. Dr. Hering returned to Philadelphia and has resided there ever since. He published a work on "The Rise and Progress of Homœopathy," which had a very extensive circulation. In 1846 the Homœopathic Medical College of Pennsylvania was founded, and Dr. Hering was elected Professor of Institutes and Materia Medica, which he held at intervals until 1867, when he assisted in founding the Hahnemann Medical College of Philadelphia, in which he held the same chair until 1869, when he was compelled to resign on account of his age, and was made Emeritus Professor.

Dr. Hering was a member of the Academy of Natural Science of Philadelphia, to which institution he presented his large zoological collection. He was one of the founders of the American Institute of Homœopathy, and was its first president. He was also one of the originators of the American Provers' Union, instituted August 10th, 1853.

Dr. Hering's life work was materia medica. He made physiological provings of the most of our remedies, introduced many new and very valuable drugs, and published his remedies and experiences in different works, and was during all his years of practice a very diligent contributor to the periodical medical literature in America, as well as in Germany. Of his publications should be mentioned his "Domestic Physician," published in 1835. This work passed through fourteen editions in America, two in England, thirteen in Germany, and has also been translated into the French, Spanish, Italian, Danish, Hungarian, Russian and Swedish languages.

The Effects of Snake Poison, 1837.

Suggestions for the Provings of Drugs, 1853.

Amerikerische Arzneipruefungen, 1853-1857.

Translation of Gross' Comparative Materia Medica, 1866.

Analytical Therapeutics, first volume, 1875.

Condensed Materia Medica, two editions, 1877-1879.

Guiding Symptoms, the third volume of which he completed just prior to his death. This, his life work, proposed to give the characteristics of every drug used by the homœopathic profession. The work will occupy twelve or fifteen volumes when completed. The manuscript is in such shape that the work can readily be completed.

In person, Dr. Hering had an imposing and dignified appearance. He was tall and wore spectacles ; beard full and hair long and curling. Dr. Hering was married three times. His first wife he married in South America, where she died, leaving one son, who now resides in Parimaribo. While living in Allentown he married a Philadelphia lady, by whom he had three children, only one surviving, a daughter, married and living in Boston. His second wife died, and during a visit to Germany in 1839 he married the daughter of Dr. Buchheim, a celebrated allopathic physician, by whom he had eight children, six of whom and their mother survive him.

Dr. Hering enjoyed good health until about ten years ago, when, at the ripe age of seventy, he occasionally suffered from attacks of asthma. Even to the last day of his life he was in comparative good health, having attended to his patients during the day, had retired later in the evening to his library and was engaged in his literary study, when suddenly he was attacked with paralysis of the heart and died, surrounded by his sorrowing family, on Friday evening, July 23d. 1880, in the 81st year of his age.

---

By. W. A. EDMONDS, M. D

We are here, saddened and subdued by bereavement in the death of our distinguished friend, to condole with each other in our severe loss, and to pay the last sad tribute to his blessed memory.

In surveying a great and noble life, like that of Dr. Hering, we very naturally incline to be inquisitive as to the

peculiar point or quality of character which may have resulted in so much usefulness and prominence.

Undoubtedly the great beacon light of his life-work and charm of his character, was his enthusiasm; the enthusiasm of conviction, and especially his conviction as to the theoretic and practical truth of Homœopathy.

By enthusiasm, we understand that peculiar emotional glow and warmth of delight experienced upon the attainment of a new knowledge or new idea.

All of us have greater or less experience of such emotion; but so soon do we turn aside into the avenues of sordidness and selfishness, to see what of gain or position may be made out of the newly gotten idea, that the sensation, like the sparkle and aroma of the recently uncorked vintage, wastes with the touch of early use.

A pure and unalloyed enthusiasm is not found in companionship with avarice, ambition and untruthfulness. The purely selfish intriguer may be impelled by his desires, to heroic efforts and deeds of daring, but is ever a stranger to that holy poetic fire which warmed and illumined the pathway in the life of our distinguished comrade. To say, then, that he was enthusiastic is to say that he was truthful or loyal to his convictions.

Peculiarities of organization and modes of life, as before intimated, render enthusiasm with most of us an ephemeral affair. With our dear departed friend, this activity was in ceaseless motion and presence. He loved the truth for itself, and for its usefulness to humanity; he loved it as the young mother loves her newly first born; and as the love grew older, it grew stronger and warmer, until in the very last days of a long and eventful life, it shone with a phosphorescent glow and undimmed splendor. His unselfish love of the truth and devotion to conviction was "a thing of beauty, a joy forever." With all my soul I bow with reverence and adoration in presence of a life so resplendent with loyalty to truth, or at least that which he believed to be true. Hundreds of practitioners, the country over, evince much of his brain power and industry, but for want of his peculiar mental warmth never approached his eminence. There seemed to be a charm and magnet-

ism about this element of his character, which sent him at a bound away ahead of all competition. When a new knowledge, or a new truth had set his head and heart fairly aglow, he never halted to inquire what might be the consequence of its adoption; whether it would bring gain and position or loss and disparagement. In the earlier years of his life, he was requested by his preceptor to furnish a paper in refutation of homœopathy. Most young men under such circumstances would have set to work in quest of material to furnish the desired refutation and thereby receive the approbation of his superior. But he, with a true nobility of soul, went straight to the side of Homœopathy to ascertain what might be said in its favor, with the result, his immediate conviction and conversion, instead of the contemplated refutation.

At a later period of his life he, with others, was sent abroad by his government for scientific purposes. Very soon he was detected by one of his medical associates in the promulgation and practice of Homœopathy who at once reported his conduct to his superiors. He was ordered to confine his attention to special objects of his appointment.

Promptly he closed his portfolio, set his papers and accounts in order, tendered his resignation, entered upon his life work in the teaching and practice of his profession; and so continued to preach and practice, through good or evil report, praise or disparagement; living long enough to see the hated heresy a power in the civilized world, and a boon to humanity, in the ills to which flesh is heir.

In tracing his life and character we find a striking parallel to that, of the dramatic life of the illustrious Apostle Paul, who had but to know the truth or his convictions in any given premise, and he was ready to brave all the perils and hardships of fire, famine, stripes, imprisonments, shipwreck and martyrdom in its vindication. The trials of our friend were less literal and corporeal, but the social and official ostracism of his early days were scarcely less trying to a sensitive and noble nature.

Who shall estimate the results of such a life as its benign influence radiates and ramifies down the chambers and corridors of time, through ceaseless future ages, until

our efforts at comprehension are paled and wearied as in an attempt to grasp an infinity.

"If a man die shall he live again?" Let us, then, my friends, in this, our hour of bereavement, accept such a life and character as a great and mighty revelation in behalf of the soul's immortality. The good Father never made such a life to go down in one eternal night of annihilation. In the matter of what we call his death, we recognize the breaking up of the casket in order that the jewel may have a new setting, to fit it for the glories and splendor of the great beyond, where it is destined to glow and sparkle with an ever increasing brilliancy, through the countless cycles of an eternity, of which we may talk and write, but of which our present finite powers can have but a poverty of expression or appreciation.

Our friend in the flesh has gone, we shall see his face here no more forever.

For eighty long winters and summers did he continue the voyage of life, and when his mortality went down in the garden of death, he went down as some gallant ship, with sails unfurled and banners flying, with the inscription high over all: "Homœopathy as a truth once, always and forever."

---

*"I AM NOTHING! GOD IS GREAT!"*

---

BY S. B. PARSONS, M. D.

The theme of this poem was suggested by an incident in the life of Dr. HERING, which was that, in the early part of his professional career in Philadelphia, he was called to attend a little girl, an only child, who had been given up to die by all the physicians that had seen her. Dr. HERING was summoned to the case, not because the parents had any faith in the homœopathic mode of practice, but because they had heard of him as a gentleman of culture, a man of scientific attainments, and hoped there might something be found in his treatment that would restore their loved one to health. Dr. HERING's treatment was successful, and when his little patient was out of danger

and able to talk and laugh with her mother, the parents overwhelmed him with expressions of gratitude, complimenting him in the warmest terms on his skill and ability, and drew a bright picture of his future life and the high eminence he would some day attain in his profession. When they had ceased, he thanked them kindly, and replied: "I AM NOTHING! GOD IS GREAT!"

**C**ould we draw the veil aside  
From the night of infant state,  
Mortal eyes would see the guide—  
"I am nothing! God is great!"

**H**appy childhood—morn of life—  
Chasing shadows drawn by fate;  
Knows but faintly in the strife—  
"I am nothing! God is great!"

**E**ver smiling, sunny youth,  
Weaving webs to captivate;  
Then unfolds the spirit's truth—  
"I am nothing! God is great!"

**R**esting on the fair mid-land  
'Tween the in and outer gate,  
Budding manhood's thoughts expand—  
"I am nothing! God is great!"

**I**n the bloom of life's bright day,  
Lurid storms may devastate;  
Through the darkness beams a ray—  
"I am nothing! God is great!"

**N**earer draws futurity,  
Nor asks the penitent to wait:  
Clearer sees maturity—  
"I am nothing! God is great!"

**G**ently comes life's winter day,  
When the heart seems desolate:  
In true faith will be its lay—  
"I am nothing! God is great!"

## TRIBUTE BY J. MARTINE KERSHAW, M. D.

As the majestic river passes to the far-off sea beyond, so has the life of him we have come to honor, gone to the unknown country. Like the grand old oak, ever erect and noble, he bore alike the storms of adversity and the clouds of sunshine, throughout the scores of years that were his to work and be faithful. Towering above his fellows, working and waiting for what he knew was truth, he was rightfully and indeed a king among men in his God-like work for humanity. The truth, the pure, snow-white, spotless truth, was that for which he labored and toiled, from the early spring-time of life, until the frosty winter of old age had come upon him, and then, full of years and full of honors, he crossed over to that land the Deity has given to those who work faithfully and well. His priceless treasures he has bequeathed to us and to the multitudes of God's sick and suffering creatures, in every clime and country, and the world is richer and better to-day, because CONSTANTINE HERING lived and worked in it. In the quiet city of the dead, where countless weary toilers sleep, the sad song of the autumn winds is heard above the resting place of him for whom we mourn to-night; but the earnest life-work, and more than human deeds of the great departed, still live for us and the coming worlds of people.

## BY C. W. SPALDING, M. D., D. D. S.

MR. PRESIDENT: There are epochs in human history, that are occasioned by the discovery and introduction of new principles or laws, which in their operation have a direct relation to human happiness and the welfare of society. Not that there is anything absolutely new; for all things exist potentially, in the creator from eternity; and are called new, when they come into actual existence in the material universe.

The discovery and announcement of the law "*similia similibus curantur*," constitutes such an epoch. Upon this great basal verity, has now been founded a school of Medicine differing from all previous schools, in the adoption, and application to practice, of this therapeutic law.



The fundamental principles of medical science are the same in all schools of medicine; the differences being chiefly in their systems of therapeutics.

In order that the beneficent effects of a new therapeutic system should be made available, for the alleviation of human suffering by the removal of diseases, it became necessary to develop and establish by study and experiment, a system of medication in agreement therewith. Homeopathic "*Materia Medica*" has arisen from this necessity. The proper presentation, and the ultimate establishment of new ideas in the minds of men, or of new methods in their habits of life, call into activity the labors of a class of minds peculiarly fitted for the performance of these definite tasks. As the knowledge of the discovery of this new therapeutic law was disseminated, it arrested the attention of such medical minds as were endowed with sufficient independence of thought to allow them to be open to conviction; and prominently among these was the man whose life, and not whose death, we are now assembled to commemorate. His first study of the new system, was occasioned, we are told, by his being assigned to the duty of refuting it. This is not the first time, that the individual chosen by his fellows as the one most capable among them, of disproving the new ideas, has become an able instrument in establishing them upon surer foundations and of spreading among mankind a better knowledge of their transcendent merits.

In reducing the new law to practice, the great problem to be worked out was the ascertainment by trial of the specific action of drugs upon the human system, and subsequently the orderly arrangement of the great mass of experimental knowledge thus obtained, into such form as to render it readily available in the practice of medicine. For the successful accomplishment of this important task, it was requisite that individuals peculiarly qualified by nature and education for this particular work should devote their lives to its developments and perfection. In this arduous labor, Dr. HERING has spent the best years of his life. To him, in very large degree, the Homœopathic physician is indebted for the completeness of our system of med-

ication. Patience, industry and untiring perseverance have been brought to the work, and if any man is more than any other, entitled to be called the apostle of Homœopathic materia medica, that man is CONSTANTINE HERING.

---

BY DR. J. P. FROHNE.

The gentlemen who spoke before me, have eloquently dwelt on the merits of the departed as propagator of Homœopathy in this country. Therefore, allow me to also remember his love for his native country, of which especially during the Franco-German war he bore brilliant testimony; celebrating the victory of the German arms most solemnly at his own house. He thus manifested that he was proud of being a native of Germany, of that country which sent many a great man over the ocean to sow the seeds of German thought and German art among distant nations.

The departed has shown his love for his native country and his interest in science by multitudes of articles in Homœopathic journals.

His essays are as genial as they are instructive, and his memory is, in due appreciation of his merits, this day celebrated in the cities of all Germany. And, wherever upon the face of the world Homœopathy has gained permanent ground, the name of CONSTANTINE HERING will be known and be ever memorable, since he has by his works secured for himself an immortal name!

To but very few of us mortals is it granted to do as much for suffering humanity as he has done, for, Providence had laid in him the talents of a true therapist as well as of an author, of which during his long life, he has made the most salutary use, saving the lives of thousands who in the sense of gratitude now lament his loss.

The life and works of our HERING ought to be a shining model for us younger physicians, and may his memory be everlasting!

---

REMARKS BY DR. CHAS. L. CARRIERE.

Grand is the celebration of to-day! The fact that all Homœopaths of the world join in a Memorial Service

of one so universally known, esteemed and beloved as Dr. CONSTANTINE HERING, makes this celebration one of the grandest of the kind. It is proper, therefore, that on this occasion everything should be thought of which may add to the honor of our departed friend.

I have chosen to occupy the few minutes allotted to me, to draw your attention to the fact that Dr. Hering was not only a man of great culture and a most successful practitioner of the Healing Art, but in addition to his excellent qualities and his superiority, he was also on the progressive path as a christian; not a christian by name only, but one who did believe and trust in Jesus Christ, our Creator and Savior. Still, his faith differed from the generally acknowledged doctrines of the church of the past. As he left the old school of medicine and adopted the doctrine of "similia," and become one of the founders of Homœopathy, so he also left the old Church and became a receiver of the doctrines of the "New Jerusalem." Thus he was one of the beginners and promoters of the New Era, both in Medicine and Religion. A German paper, referring to his departure from this world, says: "Dr. Hering was made acquainted with the doctrines of the New Church soon after his arrival in the United States; he received them with warmth and zeal; he was of the opinion that the action of the Homœopathic remedies would at some time be established by the doctrine of correspondence." It may be proper here to state that the doctrine of correspondence is a doctrine of the New Church. The paper referred to, also states: "He occasionally mentioned that in his house the first German Christmas tree, in the whole large city of Philadelphia, spread its brilliancy." The words, "German Christmas tree," were probably used, because it is claimed that the Germans have introduced that custom in this country.

In looking at Dr. Hering as a medical man and as a religious man, we see that he was not led by a blind faith, he was not bound to the doctrines of his predecessors, because they were believed by them, or for the reason that they were the old and acknowledged doctrines of the world; he would investigate for himself, and be a rational believer

of that which he accepted as truth. His religious belief differed as much, and even more, from the generally accepted doctrine of the Church, as his Homœopathic theory and practice differed from the old school of medicine.

The difficulty of three persons in the Godhead, and how to make one of the three, did not trouble his mind, for he knew and fully understood that the Trinity was embodied in the Divine Humanity of Christ, and that there is but one God in but one person. Nor was it difficult for him to solve the apparent contradiction of the literal sense of the sacred scripture, neither the apparent contradictions of scriptural statements with the developed facts of this age; for he well knew that the Word of God is infinitely higher than human thought or language, and that in the inner life of these literal forms we find an inexhaustible fountain of the Divine Wisdom from which we may drink and never thirst.

From his knowledge of the spiritual world, and the relation between this life and the life to come, he knew that man as a spiritual being continues to live, that death is only the departure from one world to another; that it is but the material body that dies, and returns to the earth from which it was taken, there to remain and to rise no more, but man himself will never die.

When he, therefore, at the last moments of his earthly life, called his wife and told her: "I am dying," he knew that it was but the material form that had fulfilled its mission and would cease to exist, but that he, who had for many years, in and through that body, accomplished great uses upon this world, would not go from this land of the living to the silent repose of the dead, but from the land of first development and preparation to that of eternal perfection.

---

BY C. W. TAYLOR, M. D.

"The air is filled with farewells to the dying, and mournings for the dead." Hourly, in some graveyard, the yawning earth is closing around the inanimate forms of loved ones. We are summoned but once to join the innumerable caravan moving on into the "silent land."

When the summons came to CONSTANTINE HERING it found him ripe in years and intellect—four score years replete with benefits to his brother man.

Quietly, as a child, he sank into that last dreamless sleep and was borne to the “garden of the slumberers.”

He whose soul panted for communion with the great and good, and reached forward with eager struggle to the guerdon in the distance, has passed away.

A flower is plucked from one sunny bower, a breach made in one happy circle, a jewel stolen from one treasury of love. A harvester has disappeared from the summer field of life, and his funeral winds like a wintry shadow along the street. A sentinel has fallen from his post, and is thrown from the ramparts of time into the surging waters of eternity.

His heart was hopeful and generous, his life a perpetual litany—a May-time crowned with passion flowers that never fade.

As often in the morning we find some flower that has blushed sweetly, in the evening has gathered up forever, so daily when we rise from the bivouac to stand against our post, we will miss our brother soldier whose ardent energy, brilliant example, and glorious victories in the sieges and battles of the past, have been as fire from heaven on our hearts—a pearl has dropped from the jewel string of friendship—a lyre, to which we have been wont to listen, is hushed forever. But life for him passed away, quietly as an eastern shadow from the hills, and his death was a triumph and a gain.

Deck not his couch with sombre shrouds,  
It is not death, but only sleep,  
That kisses down his eyelids now.  
Then why should we in sadness weep?  
He has but gained the needed rest  
From weary toil, from care and strife.  
His fittest need of praise will be,  
The grandeur of an earnest life.  
Take each, the lesson to his heart,  
And in his earnest struggles know,  
That he strives best, who strives for truth,  
Though faint and weary he may grow.  
You may not reach your highest aim,  
Nor tread the heights that Hering trod,  
But do your duty, in that lies  
The path that leads you nearer God.

INCIDENTS IN THE LIFE AND CHARACTER OF CONSTANTINE  
HERING, M. D.

BY C. H. GOODMAN, M. D.

My relations with Dr. Hering were only those of pupil to teacher, for it was my privilege to sit under his instruction during the medical season of 1868-69 in the Hahnemann Medical College of Philadelphia. I can see him now as he hurried into the lecture room, his long hair flowing over his shoulders, and his eye, aflame with zeal and enthusiasm. What scrupulous attention to detail; how minutely and analytically he dwelt on the symptomatology of each drug, carefully weighing and balancing every expression and utterance! His mind was so full, so teeming with facts and information, the hour was too short to impart them to his hearers. During my calls at his residence, I was particularly impressed with his having recourse to his *Materia Medica* at every prescription. My examination hour with him was one of the pleasantest I have ever passed. The subject of my thesis being of some interest to him, he discussed it fully and took occasion to enlarge upon his own peculiar views of what constituted Life and Disease, and of the analogy between the effects of the latter and drug provings. He narrated to me at the same time his experience in curing with *ant. crud.* a large corn on the sole of the foot of a sea captain. "Why," he remarked with a merry look, "in a short time I was consulted by all the captains in the navy, and they all had corns on the soles of their feet and I nearly lost my reputation because I couldn't cure them all."

My last sight of him was on graduation day as he sat on the stage of the Academy of Music, beside Dr. Raue, to whom he was especially devoted, completely wrapped up in the orchestra which was rendering an air from the opera of *Der Freischutz*. He was nodding and bending apparently his head in unison with the music, oblivious to all his surroundings, smiles of pleasure brightening up his venerable face as the harmonious strains fell on his ear.

So was he completely tuned to and in harmony with the world and profession to which he devoted his life and best energies, and he fell like the ripe fruit from the tree and was gathered into the garner of the faithful.

*ORIGINAL POEM  
IN HONOR OF CONSTANTINE HERING.*

BY DR. PHILO G. VALENTINE.

In a far-off land—toward the rising sun,  
In a Saxon Village there was begun  
The story of a life, I shall unfold,  
As the lyric muse shall render me bold.  
'Twas *New Year's* day, on the century's morn,  
That this child of genius, *so rare* was born.  
Of Christian descent and imperial mein,  
He received the prenomen of CONSTANTINE.

He grew and thrived like that great emperor  
Tho' in different fields was *he* conqueror.  
He fought battles, 'tis true, but no blood spilled,  
'Twas with love of learning *his* soul was filled.  
'Twas hard to find such a *searcher for truth*.  
Such a *lover of lore*, as this promising youth.

In classic schools, he made reputation  
Beyond his fellows, or expectation.  
In Leipzig and Dresden he did pursue,  
His surgical studies, and medicine too.  
At length, though young, he a *leader* became,  
And carved his name high on the roll of fame.

Now, some learned doctors, self-styled orthodox,  
Desired the up-rooting of heterodox,  
Which doctors *like clergy* are prone to hate,  
Despise and abhor and *abominate*:  
A philosopher, sage, or *any man*  
Was searched for to conquer *one Hahnemann*,  
To write down *his* heresy, the *worst of all*,  
This curing the sick with *no medicine at all*.

Young HERING knew University men,  
And they knew *he* wielded a trenchant pen;  
They tossed him the glove, he accepts the banter,  
To crush out *similia similibus curantur*.

To post himself for th' annihilation,  
He sought *every* book, *every* compilation.  
Consulted great volumes, high-shelved and low,  
This new medical creed to overthrow.  
In hot pursuit of his line of attack,  
Numerous libraries, he did ransack,  
Never omitting to make quotation  
Of *every* phrase at all in relation  
To the subject-matter taken in hand—  
To drive Homœopathy *from the land*.

Such was the feeling in Hahnemann's day,  
The public arose in hostile array,  
And denouncing him as a *frenzied fraud*,  
Compelled him to seek a residence abroad;  
In a land where learning and science advance,  
In a land of sunshine, *liberty-loving France*.

But HERING *softened* in the presence of truth,  
And with the ardor of genius and youth,  
*Saw*, as light shone in from the other side  
It was *with error* he had been allied.

Our honest hero *now*, convinced of his wrong,  
Retraces his steps, and sings a new song;  
The *creed* that was to be shown a *disgrace*,  
He clasps to his bosom in fond embrace;  
It became his solace, his pleasure, his pride,  
And *he* its champion till the day he died.

He soon thereafter obtained his degree,  
In an old German University.  
His researches in science were so well known,  
His name and fame reached the ears of the throne,  
And with the King's commission in his hand  
He sought his fortune in a foreign land.  
'Twas *now* his intention, his theme, his boast,  
To study nature on a tropical coast,  
Beyond the sea he was destined to roam,  
And *South America* became his home.

By the King he was especially sent,  
To the southern half of this continent,



To learn *in the woods* of the torrid Zone,  
The *flora and fauna* till then unknown.  
To natural history, he gave his time,  
*Of all* researches, none more sublime.  
He gathered specimens, some of *them grand*,  
And shipped them homeward to the fatherland.

For *seven* long years was he thus occupied  
Garnering knowledge from every side,  
Selecting and classing whatever found,  
*Then*, set sail in a good ship *homeward-bound*.

He sailed from the tropics to a northern sea,  
In the year eighteen hundred and *thirty-three*.

His voyage came to an unexpected end,  
By disembarking in the land of Penn.,  
A stranger he came, altogether unknown,  
And *Philadelphia* claimed him as her own.

Inspired with great thoughts in this new found field,  
And new beauties that nature here revealed,  
In the realm of letters gained he quick position,  
Which later in life gave him full fruition.

A return to Europe was in contemplation,  
And arrangements were made for embarkation,  
But, an *affaire du cœur* brought *that* to a close,  
And our country henceforth was *couleur de rose*.

Near fifty years have rolled around *since then*,  
While gifted HERING, rose exalted among men.  
In *Materia Medica* without a *peer*,  
He won laurels *all along a brilliant* career;  
As husband, father, professor and friend,  
I have nothing to say, except to commend.

But, there's an ending to *everything here*,  
And *he's gone higher* to a brighter sphere.  
'Twas a *midsummer night* he passed away,  
And *climbed the heights* of the "golden stairway."  
His evening like his morning in beauty gleams;  
His death, but the lying down to pleasant dreams.  
He's now in Elysium forever to dwell,  
"After life's fitful fever he sleeps well."

QUARTETTE.—“*Jesus, Lover of My Soul.*” - - W. C. WILLIAMS.

---

ORATION DELIVERED BY G. S. WALKER, M. D.

CONSTANTINE HERING is dead. The great Healer has passed from the realm of wounds and diseases. The Antagonist of Death, and his conquerer on a thousand, hard fought fields, has yielded at last, when the issue of the struggle was but his own life. Invincible in his conflicts for others, he was mortal only when he struck in his own behalf. And death has gained a splendid prize.

If the old chivalric theory be true, that all the honors of the defeated belong of right to the victor, Immortal Death has seldom, in all the ages, from the issue of a single fight, won so large a spoil. The mighty Physician, whose visits to the couch of suffering were as the Angel of Heaven's mercy, and whose prescription was Healing's potent spell; the calm, all furnished schoolman—the Champion of the Old School—who laid his boyish lance in rest against the Black Knight of Medical Heresy, and, doomed to dismemberment by his Client, was saved by his Adversary, and thence consecrated all the energies of his redeemed Strength to the new Banner of ‘*similia*’—bearing it, in triumph, through both Hemispheres and in every clime, under the Southern Cross, and Northern Pleiad, and planting it, with his dying hand, on the very citadel of the Enemy;—the great Teacher, whose graduation thesis was “*De Medicina Futura*,” and who founded the first College of our Order in the world; whose name lies at the foundation of our Medical Literature, side by side with that of the immortal Hahnemann;—the Poet, whose creative genius found and grasped, and whose sense of harmony set in eternal order and beauty, the great original truths of our system; the Seer whose prophetic vision pierced the sullen shadow of the Infinite, and brought within the apprehension of common men a revelation of the Divine;—the Laborer, whose untiring energies knew no pause or recreation, save in added and deeper toils; the Hercules, who cleansed the fouler than Augean Stables of Medical Science, and encountered and slew the Nemæan Lion of Medical Or-

thodoxy;—the gentle, generous, brave, great-hearted, whole-souled Man, whose qualities were more simply great than his attributes were sublimely splendid; all these have gone down in that last desperate struggle, in closed lists, where his only second was a woman, whose loving hand and tender strength were all unable to hold back from his heart the icy grasp of Death.

Constantine Hering is dead, and all the orphaned Children of Affliction weep, and all the generous and noble of earth have sympathy in their sorrow and are partakers of their grief.

In the effulgence of his larger and brighter fame, we are sometimes inclined to forget that Hering was pre-eminently the Physician. Let us tenderly and gratefully, in sympathy with the wide circle of his bereaved patients, remember this fact to-night. Nature and education combined to render him the great Healer. His temper was generous, ardent, tender, affectionate and high. The pathematic was among the strongest forces of his grand nature; and it was always a wisely regulated and perfectly governed force. High over all that wealth of sympathy, delicate, and susceptible as ideal woman's, sat the intelligent and regal Will, rendering it subservient to the great end of his presence in the sick room. And what a presence there! His stately form—his curling locks and flowing beard—the pure white light of cultured intellect shining on his lofty forehead, and flashing in his earnest eye, but mellowed and softened by the roseate hue of deep and hearty kindness—his mere appearance was the Harbinger of Hope to the Couch of Despair. And then his manner! Quiet, not soft; gentle, not weak; firm, not hard; confident, not rash; serious, not solemn; the gravity of simple earnestness, combined with the assurance of abundant resources and an armed and disciplined Intelligence; it was the finished perfection of the bearing of the Typical Physician, and had, in itself, some healing power.

His Method of Diagnosis was the analysis of exclusion. He ascertained with the utmost care, and minuted with the greatest exactness every characteristic symptom. This group of hostile appearances he attacked with all the

energies of his powerful mind. One after another, he cast out and trampled under foot every false and specious probability, until he stood, at the last, face to face with his great enemy—the actual—the imminent and the dangerous Dynamic force, and against this, when found, his Arsenal of Provings rendered him almost invincible. He was never hasty or empirical in practice. He cared nothing for the man—whether rich or poor, or high or low—but everything for the patient. It was a hand-to-hand fight with Disease; in which, once engaged, he thought only of his Antagonist, and would neither surrender nor be beaten. Of course, his success was great, if not unexampled. By his own personal and individual prescriptions, he snatched from the hand of Disease and Death unnumbered and innumerable thousands; and indirectly, by the influence of his discoveries, suggestions and teachings, he was undoubtedly the most valuable factor of his age in the grand multiple of Health and Life. His patients venerated, trusted, loved, idolized, and almost worshiped him. No other man or men could supply his place to them. He was their favorite and all-powerful Apostle of the Gospel of Health; and when they could not secure his visits, they would fain, like them of old to Peter, have brought forth their sick into the streets, that at least his shadow, in passing, might fall upon and bless them. And the great Physician is dead!

Hering was the unrivaled champion and advocate of the eternal Law of *Similia Similibus Curantur*. Sincere, intelligent, high-cultured, profound, original, bold and eloquent, he lifted its banner from the dust of popular contempt, and challenged, for its insignia, the admiration and gratitude of the Nations. All his interests, all his prejudices, the bent of his education, the pride of championship, the heat of conflict, the hopes of his friends and admirers—all forbade him to embrace the new and despised Heresy. Yet embrace it he would and did, with all the fervor of his hero-heart, simply because upon investigation, not impartial but prejudiced, he found it true. The wave of conviction which rolled into his mind, from the vast Ocean of Truth, washed every stain of prejudice from

its shores, and left them shining with the calm light of certainty.

And his was no emotional conversion, born of a moment's frenzy and destined to perish with the passing furor. It was not because the New School saved that right-arm which the Old had doomed to excision, that he devoted its energies, with such consistent and efficient fidelity, to the redemption of a pledge wrung from him in an hour of unsupportable anguish. It was because, with all the exhaustive thoroughness of his grand and luminous intelligence, he had previously investigated, tested and proved, until his whole nature was rife with conviction that the healing touch of Homœopathy had power to kindle the long-prepared train and dedicate him, in an explosion of feeling, to the perpetual championship of its incomparable merits. Thenceforth, all his previous attainments became but the stepping-stones by which he ascended to the serene heights of Culture, and stood on their loftiest professional pinnacle, alone.

Hahnemann became his friend, intimate, and teacher; and from this Sage the hungry Neophyte drew all the accumulated treasures of his lore. Thence, girt with the commission of Royalty, under the stellar light of the Magellan Clouds, he sought the secrets of nature in her most affluent home, and, fast as they accumulated, turned these treasures to the light of public advocacy of the cause he had so earnestly espoused. Far-seeing, patient and profound, as broadly and highly cultured, he rested not on any yielding soil, but digged, and digged, until he reached the rock of ultimate truth; so that he may be said to have stood, with his head among the stars, catching the earliest and latest gleam of heaven's light, and with his feet planted upon the unmovable foundations which support the world. With this gigantic reach and grasp of truth, he could not but be original. With the constituents of sincerity, earnestness, and self-sacrifice, he could not but be bold. With the freshness and enthusiasm of the youth, joined to the knowledge and culture of the philosopher and the sage, he could not but be eloquent. All these he was. And this invincible Champion is dead!

Hering was *par excellence* the inspired Teacher. "*Poeta nascitur, non fit*," had never truer application than to him. He was born for the vocation. And this high and incomparable gift of original genius he supplemented by the most careful training. Always he taught *con amore*.—At home, on the street, in the sick-room, in his study, in the Clinique, from the chair of the lecturer, or the rostrum of the orator—wherever auditors could be found—he was their wise, patient, and delighted instructor. This was the purpose of all his learning. He gained but to impart. His whole capital of mental wealth was free to all comers. Of his illimitable gains he hoarded nothing. The fountain of his instruction was perennial, and had its source in the everlasting Springs of Genius, Labor and Love. And, though he sought not this end, the paradox of scripture was fulfilled to him; all his gifts were gains. By the operation of a changeless law, what he gave to others was doubled to his own bosom. This was the secret of his unfailing readiness and fullness. Knowledge, he deemed a universal heritage, to which every willing and capable mind had an indefeasible right; and wherever he found such minds it was more blessed for him to give, than for them to receive. Yet these gifts widely and lavishly as he flung them forth, were but the small change of his thought, and his mind was rich in massy ore, in ingots and gems. And with all this priceless wealth he dowered Humanity by his pen.

He was the father and maker of our Medical Literature; for what he did not produce, he inspired. His own thought products, completed, begun and designed are so many and so intrinsically great, that admiration loses its flippant eloquence, and sinks into wonder and awe before the processes of so vast a mind. No such writer on Popular Medicine has ever lived—No such writer on Scientific Medicine has ever lived.

His "Domestic Physician" still teaches the multitudes, in many languages and editions, the secret of Health at home; and his "Analytical Therapeutics" and "Guiding Symptoms" are of a quality which might satisfy the aspirations after fame of many first-class minds, and will re-

quire the labors of many such to complete them, with the material already gathered and prepared by their great Author. All these precious instructions to the world are couched in terms the most simple and direct, and distinguished by an entire absence of *style*. He wrote but to expound his thought, and his words are that thought's simplest, and strongest vehicle. Of him it may be said, with truth and emphasis, that, not only to our own school, but to the whole world of Medical Thought and Culture, "He was a Teacher sent from God." And this matchless Teacher is dead!

Hering was an unexampled Laborer. In boyhood, his sport was toil. In maturity, his recreation was creation. In age, his repose was application. He took no rest, and needed none. Work was his pleasure and his passion. Each day of his life was too brief for the busy ends he assigned it; each hour of every day though beginning with the third after midnight and ending only with the tenth after midday, too short for his toilsome purpose. To the very last day, and almost the last hour of his life, his un-resting exertions never ceased. And yet, his energies never flagged. He did not toil on doggedly and dully, the reluctant slave of a cruel purpose; but with such warm, earnest, and cheerful interest as made him dread the hour of necessary suspension of his task. The sustained fire of his energy was simply marvelous. There is nothing in the correlation and conservation of material forces which can at all account for it. It did not lie in the food he ate, or the sleep he took. Rather, it would seem to have been the result of such an uncommon affluence, in the original endowment of his vital forces, as the world has seldom if ever seen. Instead of losing, as is the case with other men, this rare mind seemed rather to accumulate fire and force by its own progress. And it was no unregulated and disorderly energy which thus found its necessary expression in ceaseless action. Every mental impulse had a method—every intellectual ebullition poured its forces into a prescribed channel—every molten thought settled into its previously prepared mould, and hardened into the shape which it was predestined to take and wear forever. It was labor with such



method as economized and utilized every particle of mental energy; as if the worker had been the poorest of the poor, instead of the wealthiest of earth, in intellectual endowments. And the method was no clumsy, fanciful or grotesque contrivance of idle reverie, perverted taste or passionate prejudice, but the highest and most finished product of original genius, guided by intelligent and cultivated skill. It was such a method as one may see a sample of in the "Analytical Therapeutics;" a method to fill the mind with wonder and joy, and to fall upon the world of medical thought and culture like the benediction of the Most High.

And all this measureless strength, indicated by such unrivalled labors, was dedicated to the grandest objects, and justified by the highest results. Its products, crystalized in print, admirable and wonderful as they are, are but a small part of these results. The walls of Hering's study, from floor to ceiling, are filled with manuscripts, in his own hand writing, all perfectly arranged and methodized, to carry on and complete the incomparable works which he began and designed. Thus the matchless Worker, standing in his study, built up around him that pearly palace of his thought, which shall never know decay.

Alas! our Ulysses has departed on his travels, and there is none left at Ithaca strong enough to bend his bow! Atlas has gone to the Hesperides, and there is none to bear up the skies. This incomparable Laborer is dead!

Above all Constantine Hering was a Man. All the constituents of manly character were his. Strength, courage, force and constancy distinguished him above other men. In ability to grasp, and firmness to hold, all that he recognized as truth, he had no peer. In adventurous daring, supported and justified by the tremendous momentum of his mind, he was simply sublime. His principles were pure, unselfish and high, and his loyalty to conviction unwavering. A better or truer man never lived. And this strong base of noblest manhood was overlaid with the fine gold of all gentle and attractive qualities. He was susceptible, appreciative, affectionate, constant, tender and forbearing. His heart was open as his hand, and the clasp of the one was warm with the pulse of the other.



His tastes were cultivated and refined to that degree, that his house was the home of Art and Culture, and the refuge of struggling Genius. His friends were Statesmen, Artists, Scientists, of world-wide reputation and renown; and of these, once gained, he never lost one. All who loved him, loved him to the end, either of their own lives or his.

He was gentle as a child, pure as a snowflake, and warm as a sunbeam. In a word, the grand old name of "Gentleman" was his by right of eminence, in the essential qualities which constitute that character. In the words of one of our sweetest modern poets:

"To him, were all men heroes, every race noble,  
All women virgins, and each place a temple,  
He *knew* nothing that was base."

And this peerless Gentleman is dead!

Dead! Aye, even as the mollusk, the builder of the sea-shell dies, leaving his soul crystalized in forms of imperishable beauty, which still ring with the sound of Life's eternal sea. Hering is not dead. He doth not even "sleep." His waking spirit walks abroad, through all the realms of thought. For such as he there is no death. He lives, and must ever live, in Memory, in Blessing and in Hope. In the hearts of many, rich and poor, high and low, his deeds have built a shrine whereon Gratitude will lay her morning and her evening sacrifices, until the hearts which cherished him as a Physician have ceased to beat; and even in dying, they will bequeath his memory as a rich legacy to their children.

The Disciples and lovers of the cause he espoused and defended, will never cease to hear the all-eloquent Champion of Homœopathy.

The Student of Medicine, in the remotest future, will bless and revere the name of Hering, as the great Bringer of Order out of the chaos of the *Materia Medica*. The immediate and remote beneficiaries of his life-work will join hearts and hands in gratitude for his benefactions, and emulation of his industry. And, ennobled by his name and fame, ever and forever, "his children and his children's children, will rise up and call him BLESSED."

*ODE.**TUNE—"Olive's Brow."*

How sleep the brave who sink to rest  
 By all their Country's wishes blessed!  
 When Spring, with dewy fingers cold,  
 Returns to deck their hallowed mold,  
 She there shall dress a sweeter sod  
 Than fancy's feet have ever trod.

By fairy hands their knell is rung;  
 By forms unseen their dirge is sung,  
 There Honor comes, a pilgrim gray,  
 To bless the turf that wraps their clay,  
 And Freedom shall awhile repair,  
 To dwell a weeping hermit there!

[WILLIAM COLLINS.]

---

*Benediction:*       -       -       -       -       *Rev. Jno. Snyder.*

---

*DYSMENORRHŒA.*


---

BY M. M. EATON, M. D., CINCINNATI, O. .

---

Read before the Homœopathic Medical Society of Ohio.

Perhaps there is no disease for which the physician is called upon so frequently to prescribe, as painful menstruation; and perhaps there is no disease from which women suffer so much without consulting a physician, and perhaps there is none which is less satisfactorily treated among the ordinary curable ailments of women.

Dysmenorrhœa, or painful menstruation, though presenting the uniform symptoms of pain at the menstrual period, is not uniform in the conditions present, which give rise to this suffering. Hence it is that we must consider dysmenorrhœa, not as a disease *per se*; but as a symptom of other diseases; not even similar in themselves, nor producing a similar pathological condition in each instance, and

still having pain in menstruation as the prominent symptom.

If, therefore, we simply look to the one symptom of pain at the menstrual period, as the guiding indication, and ignore the conditions which cause it, we must strike wide of the mark in the selection of remedies, and fail utterly in many instances, if we rely entirely upon remedies in the cure of this complaint.

I do not pretend by these remarks, to belittle the beneficial effects of remedies properly selected upon the homœopathic principle. They are in many instances promptly curative. I desire, however, to say that they cannot be expected to cure in certain other cases, where the causes are mechanical, as I will presently explain, and endeavor to illustrate the absurdity of reliance upon remedies alone, in a certain class of cases.

Believing that if we, as homœopaths, claim for our remedies only just what they are entitled to, we may command more of the respect of our patrons, and the profession at large, than when we made extravagant and impossible claims which experience must prove in error, when they are put to the practical test.

*Etiology.*—The causes which produce dysmenorrhœa, as has been stated, are various, sometimes dependent upon congestion of the uterus, sometimes upon congestion of the ovaries; sometimes upon a neuralgic, rheumatic or hyperæsthetic condition of the nerves of the uterus; sometimes upon the formation of a false membrane within the uterine cavity, which is thrown off at each menstrual epoch, called denidation; sometimes on account of the relaxed condition of the blood-vessels, allowing of a very free flow into the uterine cavity, and the formation of clots, which require expulsive pains, or contractions to deliver, sometimes from stenosis of the cervix uteri; sometimes from the retroflexed condition of the uterus, causing stenosis of the cervical canal, at the internal os, and the consequent retention of the effused menstrual fluid, until contractile pains force it out of the uterus.

Cold may be named as a cause of dysmenorrhœa, so far as it may induce the congestion of the female generative

organs, developing endometritis, ovaritis, etc.; or resulting in the development of the false membrane sometimes formed, as a result of chronic endometritis, necessitating uterine contractions and consequent pain in its delivery, which is necessitated by the flow taking place beneath it, and hence making of both it and the effused blood, foreign substances, which the uterus must expel by contractions, and consequently resulting in pain.

Without going into detail of the symptoms of dysmenorrhœa, or wasting your time in remarks upon diagnosis, I will proceed to the consideration of the treatment, barely saying that before adopting remedies or remedial measures, each case should be carefully diagnosed as to its probable cause, and if it seems clearly to be neuralgic, rheumatic or congestive, we may proceed to administer remedies according to the homœopathic indications most prominent in each case.

I need not occupy your time in naming the indications for *Puls.*, *Aconite*, *Cimicif.*, *Bell.*, *Bry.*, *Ars.*, *Rhus.*, *Colch.*, *Cal.*, *Macrotin*, *Secale cor.*, etc. They are familiar to you all, and will be found curative when the dysmenorrhœa is accompanied with symptoms homœopathically pathognomonic of these remedies, when there is not present a mechanical impediment to the egress of the flow.

After a reasonable trial of the indicated remedies, and finding that a failure has resulted in our attempts to cure with them, it becomes necessary, by physical examination, to determine the condition of the uterus. If stenosis of the cervix uteri is present, the indication is clear to proceed to dilate the cervical canal. In this attempt we do well to endeavor to simulate nature as much as possible, and make a gradual dilatation. Forcible rapid dilatation, or incising the cervix with the hysterotome, is not, as a rule, advisable in stenosis, although this has been the practice sanctioned by old school authority. The practice which I advise, and adopt, is to dilate the cervical canal with bougies, till a sponge tent can be introduced, and then using it to produce quite a free expansion of the cervical canal, taking care to obtain dilatation of the internal os.

Usually we have to commence the dilatation with very

small bougies, in order to introduce them at all. After introducing one, we would allow it to remain for five minutes or so, and then introduce a larger size, and so on, occupying ten or fifteen minutes at a treatment. So far the treatment may be carried on at the physician's office ; but when we use the sponge tent the patient should be at home and remain there so long as we are using the tents, and for three or four days thereafter. If we find, after using one

tent and allowing it to remain ten or twelve hours, that we have not obtained a dilatation equal to the size of the index finger, or if the internal os is not dilated, another tent may at once be introduced and be allowed to remain as long as the first. After full dilatation is accomplished, a large sized bougie (about No. 12) should be well smeared with *Vaseline*, and introduced daily into the cervical canal. This serves to maintain the dilatation, and assists in preventing cervicitis, endo-cervicitis, or endo-metritis, which may follow dilatation of the cervix uteri, even when gradual dilatation is used.

This after treatment with *Vaseline* and the large bougie is still more important, when, for any reason, we use rapid dilatation, or incise the tissues with hysterotome. Otherwise we may have a more complete stenosis than before we commenced treatment, even in some cases amounting to complete atresia of the cervical canal.

If we find, on making a physical examination, that the case is one of retroflexion of the uterus, we should proceed to replace the organ, using also those general principles of treatment which are applicable to nearly all malpositions of the uterus. This consists, first and primarily, taking off the weight of the intestines from pressing down upon the pelvic organs. This is to be accomplished by position, *i. e.*, confining our patient in the horizontal position, on her side, with the hips elevated, or by the use of a suitable elastic abdominal supporter.

We then reinstate the uterus by the aid of the sound, or Elliott's uterine repositor, or by means of the knee elbow position, and pressure through the rectum upon the fundus uteri. Either method may succeed, and we will not discuss

their comparative merits here, as we are mainly interested in the treatment which is calculated to cure the dysmenorrhœa.

After the retroflexion is cured we may have some contraction of the internal os remaining, which must be treated by dilatation, as in case where stenosis is the only abnormal physical condition we can find.

When we find endo-metritis or cervicitis remaining, or find that the case shows a membranous intra-uterine exudation as a complication, these conditions must be treated in accordance with the homœopathic indications for remedies combined with gentle local treatment, if remedies fail. In the case of the membranous formation, *Phos.* is indicated in the 100th potency, and it will cure in many instances.

When endo-metritis or endo-cervitis is present *Sepia*, *Secale*, *Aconite*, *Gelsem.*, *Ars.*, *Merc. iodide*, *Verat. vir* are among the indicated remedies. Locally, *Vaseline* may be applied to the internal surface of the cervical canal, and interior of the uterus, by means of Palmer's applicator.

When these applications, made every three days, for a month, are not efficient, we would apply the solution of *Iodine*, made with ten grains of *Iodine*, thirty grains of *Kali iodid.*, to the ounce of water, applying it every three days, and weakening it with water one-half, in case this strength caused any considerable smarting, the intention being simply to stimulate healthy healing action. contract the capillaries and dispel the chronic congestion which constitutes these diseases.

This is, in brief, the course I pursue in the treatment of chronic dysmenorrhœa. In acute cases dependent upon cold ordinarily, *Aconite*, *Bry.*, *Puls.*, *Cimicif.*, *Bell.*, *Ars. alb.*, etc., are the remedies found promptly curative when given according to their homœopathic indications.

---

THE WINTER SESSION.—The winter course of the St. Louis College of Homœopathic Physicians and Surgeons has now been in progress four weeks, and such a promising class was never known before in St. Louis. Every professor is promptly at his post as the bell rings, and the students are earnest and enthusiastic.

*CLINICAL REMARKS ON THE SUBJECT  
OF AFFECTIONS OF THE HEART.*

---

BY DR. MARTINY.

---

Translated from the "*Revue Homœopathique Belge*," by R. D. Valentine, M. D., Canton, Ill.

As a general rule cardiac diseases come to the attention of the physician only when the lesions are already very serious, and when they have brought considerable troubles. There exists already considerable hypertrophy, thickenings, valvular nodosities, different adhesions, a morbid dilatation, or finally the muscle even of the heart is profoundly altered.

Are such patients necessarily incurable? Does medicine really possess for them only palliations?

Is it the part of the physician in such circumstances only to look after the general condition of the unhappy patient, to moderate the cardiac action when it is too rapid, and to excite it when it is too feeble?

Such is the advice of a great number of physicians, even amongst the homœopathists. They think that when the question is in relation to old valvular lesions, dilatations or adhesions the physician is powerless; for a long time we were of the same opinion. At the present day, in presence of results that we have obtained, our manner of seeing is modified, and our conviction is based upon the facts that we have observed. Certain organic affections of the heart, even amongst those which are considered the most serious, may, under the influence of an appropriate treatment and regimen, terminate in a complete cure. Certainly, it is not in our power to recreate organs; one has never seen, for example, a cicatrix of the cutaneous envelope disappear little by little, to be replaced by a new skin and a new epidermis, a tuberculous cavern filled with new pulmonary tissue. But pathological anatomy furnishes us with numerous facts of retrogression in certain degenerations, indurations and proliferations. Do we not frequently see adhesions of a rheumatic or gouty nature, the products of herpes and sycosis, reabsorbed? An articulation whose cap-

sule and the circumjacent tissues are indurated and tumefied by rheumatism or gout, recover nearly always at the end of a certain time, its suppleness and movements; cutaneous excrescences having profoundly modified the epidermis and the skin, disappear and exfoliate without leaving any trace. What enormous ravages do not infectious diseases produce in the organs, typhoid fever, for example, in which one meets not only a ramollissement more or less pronounced, but even a fatty degeneration with granular infiltration of the muscles<sup>(1)</sup>, even the muscles of the heart itself; the contents of the muscular fiber is profoundly modified, and yet all these alterations are more or less reparable. Clinical experience proves it every day. Pathological anatomy teaches us that in typhoid fever "the epithelium and even the villosities are reproduced upon the cicatrical tissue of the intestine."<sup>(2)</sup> Similar facts swarm in the annals of pathological anatomy and histology. As a general rule this work of repair, reconstruction or elimination takes place under the influence of what is called the reparative force of nature. This happens almost always after acute affections; but art ought sometimes to intervene, and even occasionally allopathic therapeutics, notwithstanding its enormous doses and gross medicinal preparations<sup>(3)</sup> helps to determine resorptions, to disperse infiltrations, etc., etc. There exists a class of medicines which formerly were called resolvents and alteratives precisely because of the property which they possess of resolving engorgements and adhesions. The mineral waters which are remedies in which the medicinal substance is more divided and the molecules more dissociated and which consequently resembles almost completely our homoeopathic dilutions, produce often remarkable resolvent effects. There is no doubt that a certain number of cardiac dis-

---

(1) See Jaccoud, *Traite de pathologic interne*. Tome, II, p. 756.

(2) See Jaccoud, *loc cit*.

(3) In fact in the majority of allopathic remedies, medicinal substances are introduced into the economy in a gross form; the molecules are in a state of considerable agglomeration, they are not dissociated and have not been submitted to a process of separation as in the manipulations of homœopathic pharmacy.



eases have been cured by mineral waters and even by remedies relatively strong; unhappily, remedies in massive doses are badly supported by the digestive canal, they disturb nutrition and cannot be continued long enough to produce the desired effect.

The organism rejects them, and the physician is obliged to discontinue the use of them; indeed they have often caused medicinal gastritis which aggravates the condition of the patient. Our remedies may, on the contrary, be employed a long time without occasioning any gastric disorders, because, finely divided and diluted as they are, they penetrate directly into the circulating current without exacting digestion labor, properly so-called, and without ever irritating the gastric mucous membrane.

Whoever has made use of remedies prepared according to the homoeopathic method, has frequently been able to observe how powerful they are to produce retrogressions and resorptions, precisely because being more finely divided, they can penetrate more deeply into the woof of the tissues and there exercise their intimate action. I still remember with what a smile of incredulity I used to listen formerly to the homoeopathic physicians tell how they had cured old tumors, exostoses, etc., etc.; to-day, I do not fear to undertake the treatment of such lesions. even when the surgeons refuse to employ the scalpel, and often enough my efforts have been crowned with success.

I have in my notes several cures of tumors which had resisted the most violent processes of allopathy and surgery; cauteries, setons, moxas, etc., and which have disappeared under the influence of remedies in the infinitesimal dose. Thus I explain to myself better and better the enthusiasm of the old homoeopathic physicians for our method, because this is a fact to note, by the way, and which can be explained only by the results obtained. The old practitioners of the old school are all skeptics, while the old homoeopaths profess the greatest admiration for their art.

Why, then, will not a certain number of serious lesions of the heart, existing in subjects whose vitality is still powerful, be as susceptible of a radical cure?

The physicians of the old school know perfectly that such a cure may be produced in young subjects by the efforts of nature alone. Michel Peter, in his clinical lessons, relates the history of a young man attacked with an affection, previously diagnosticated as mitral by the most eminent practitioners of Paris; this patient, examined carefully some years later, presented no signs of his former lesion.

Several years ago, M. le Dr. Dufresse de Chassaigne wrote an article with facts in support of it, to prove that the sulphate of potassa, prescribed in doses of five or ten centigrammes a day, a homoeopathic dose, could cure certain organic affections of the heart, even aneurism itself. He had made this discovery while observing the beneficial action which certain mineral waters, the waters of Chandesaignes and those of Bagnols, produce upon certain cardiac affections.

"Although," says the author, "these thermal waters may be strictly applied in all cases, in general however, the affection should not be too old, the induration of the valves should not have arrived at the cartilaginous condition, nor should the contractions be too numerous, too old and covered with vegetations."<sup>(1)</sup>

The observations of this author have been involved in doubt. For our part, we are disposed to have faith in them, especially when they have been obtained by mineral waters, which are remedies having the greatest analogy with our homoeopathic preparations; but we believe that these waters cannot be employed in a general way, since heart affections are produced by different diatheses, gout, rheumatism, herpes, syphilis, etc.<sup>(2)</sup>

---

(1) Vide Dujardin Beaumetz, *Leçons de clinique thérapeutique*, premier fascicule, p. 25. The "Scalpel" has also published an article about two years ago, on the subject of the action of sulphate of potassa in aneurisms of the heart.

(2) There should be very great prudence in the use of mineral waters in cardiac affections. A very small number are able to bear a thermal cure; the mineral waters are almost always administered in too strong doses. Good practitioners, at the thermal stations understand, little by little, that their waters ought to be given in small doses, in order to avoid the useless and almost always dangerous perturbations which they sometimes occasion.

*NOTES ON THE LONDON HOSPITALS.*

ST. THOMAS' HOSPITAL.

*To the Editor St. Louis Clinical Review:*

I shall endeavor, in this "note," to give your readers some idea of the finest and most complete Hospital building in London, though not by any means having as yet the greatest reputation for its college.

Before describing the present complete building I will give a short history of its early days and foundation.

The old St. Thomas' Hospital was founded by Edward the Sixth as far back as 1552. Its location was on the south side of the Thames, and near the present site of the Guy's Hospital.

For many years it was very poor, the government not lending sufficient aid for its maintenance. At one time the funds were so low that the superintendent pawned the charter for the sum of two hundred and fifty dollars, so that he might supply the immediate necessities of the patients.

Subsequently government aid was granted, which enabled the Governor of the Hospital to improve its general condition, to repair the roofs, etc., then falling to pieces, and virtually to set the institution "on its legs" again.

This government grant was shortly afterwards supplemented by a very liberal public subscription, which really seems to have been the means of lifting the hospital out of all its difficulties and setting it on the high road to prosperity.

The original site was retained until the year 1865—over three hundred years—when The London, Brighton and Southcoast Railroad Company needed the ground for building depots, etc.

The Governors of the Hospital, having decided to sell, were awarded something over a million and a half dollars for the ground, building, etc. One acre brought \$350,000, and one other acre \$275,000.

With this large sum at their disposal the hospital authorities were for some at a loss to find the most eligible site for erecting the new building.

Finally eight and a half acres were purchased on the south side of the Thames, directly opposite to the Houses of Parliament, and on what is known as the Albert Embankment. The whole of this land had been reclaimed from the river by the construction of the embankment. The price paid for the eight and a half acres by the hospital was \$500,000, still leaving them something over a million dollars towards the new building, independent of the funds previous to selling the old site.

The result of this is the present building, constructed as follows: 7 fine 5-story buildings, each constructed of red pressed brick and similar in style. Each building is 250 by 150 feet, with a space of nearly one hundred feet between each building. The block on the eastern end is devoted entirely to offices, board rooms, etc. In the entrance hall is a large oil painting of Edward the Sixth, "Founder of this Hospital."

The remaining six blocks are the hospital proper, and are connected by covered corridors on the first, second and third floors. The total length of these corridors is one-fourth of a mile and two yards.

The different wards are located in the several buildings, and are all uniform in size—to hold 28 patients. There is a children's ward; also one for accidents to children, accident ward for adults—men and women; female wards—two surgical wards; contagious disease ward, and syphilitic ward. There is a female operating theatre; also male operating theatre—both similar in size and appointments.

Each block is provided with a large elevator, so that patients may be taken on their beds from place to place, and thence along the corridors from building to building.

The kitchen is located in the basement of the centre building, and at present has facilities for cooking for 800 persons.

The chapel is a very nice building, and will seat 700 persons; is provided with a very nice organ and choir. There are two resident chaplains in the building who officiate in the chapel twice every Sunday and once during the week.

Total number of beds in the hospital is 1,000, though 1,200 can be put in. Only 400 patients are now admitted, however, until further funds are accumulated.

The medical school is an entirely separate building, and is situated 300 feet to the west of the western hospital block. The school is provided with clinical laboratory, *materia medica* museum, anatomical museum, library, very complete dissecting rooms, and in connection therewith a photographer's room, where photographs of any subjects, dissections, etc., may be taken. A large sub-way leads from the dissecting room to the whole of the hospital building, so that subjects, and in fact all who die in the hospital, whether removed by their friends or not, are taken down by means of the elevators already spoken of, and thence along the sub-way to the rooms connected with the dissecting room, where records are kept of all who pass out that way, and how disposed of.

Adjoining the dissecting room is a large tank where subjects are kept till required for use. It now contains 15 awaiting the opening of the fall term, October 1st, and the arrival of students to dispose of them.

This school bids fair to be one of the best in London in years to come, everything being very complete in its arrangements; but at present the students are examined and diplomas granted by the College of Physicians and Surgeons, on the recommendation of this school.

As Homoeopaths, I think we have something to be proud of, since our practice and teaching has done so much to modify the old school practice.

It was told, and the records showed it, that it is now quite common to prescribe *one drop* doses of *aconite* and *pulsatilla* in the wards of St. Thomas'. How things have changed since the day of the founder, 1552 !

In all the hospitals yet visited I find the spirit of toleration dominant.

Let us hold fast to our own law of Similia and not "go over," as is now so strongly advocated by many of the London Homoeopaths—Dr. Dudgeon and his confreres—for there will surely come in the near future a greater and a much more liberal acknowledgment of the great good that Homoeopathy has brought to the whole world than has yet been accorded us. My best wishes to the St. Louis Society.

Yours fraternally,

W. JOHN HARRIS.

### *LONDON FOGS AND THE DEATH RATE.*

The kind of work done by the Meteorological society of Scotland, according to their last report, aptly illustrates the variety of ways in which meteorology is entering into relations with the everyday business of life. The intense cold of last winter flooded them with requests for information as to the average damage done to gas-pipes, drains, etc., by extreme cold, and its effect on the herring fishery was also an object of high interest to many others of the society's correspondents.

One of the most curious papers presented to the society last year was that of Dr. Arthur Mitchell upon London fogs in relation to health. These fogs, he showed, enormously increased the death rate all round, and the increase was contemporaneous with a low death rate in other towns where no fogs prevailed. Asthma was the disease most fatally influenced by the great fogs of November, 1879, and the February of the present year. Death from bronchitis and other lung diseases seemed to be influenced by the fogs, but was not in the markedly close and direct way characteristic of asthma. But with regard to whooping-cough, the pernicious effect of the fogs was noticeable in an alarming increase in the mortality from this disease, an increase which did not abate, as in the case of asthma, with the temporary clearing of the fogs. The deaths from rheumatism and croup showed no relation to the prevalence of fogs, and, generally speaking, the persons who suffered most were those compelled to earn a livelihood from outdoor employment.—*From the Examiner.*



AFTER the execution of Menesclou in Paris the other day for the murder of the little girl, Louise Due, his remains were conveyed to the anatomical theatre, and subjected to a singular experiment. Dr. Sappey injected under the cutaneous tissue of the head some fresh-drawn blood from the carotid of a living dog. The result was startling, for the color returned to the cheeks, there was a perceptible nervous tremor, while the lips slightly moved. The same treatment applied to the body produced no effect.

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME III.

ST. LOUIS, NOVEMBER 15, 1880.

NUMBER 9.

---

## Surgical Bureau.

In Charge of S. B. PARSONS, M. D., Surgeon.

### EDITORIAL.

The editor of this department would be thankful for any report of surgical cases, treated either by Homœopathic medicines only, or combined with mechanical means or appliances. We ask that the papers may be as condensed as possible consistent with a full expression of the ideas and thoughts of the writer. There is a great deal of valuable surgical clinical experience in the Homœopathic profession that never appears in print; and it is hoped that through our columns some of it, at least, may reach the general practitioners throughout the world. Our columns are open to all fair criticisms of any surgical essay or subject that may be published herein or elsewhere, but nothing of a personal nature will be permitted.

All descriptions of new instruments, or methods of treatment, will be gladly received.

---

## *STRANGULATED HERNIA.*

BY S. B. PARSONS, M. D.

What are the signs of strangulated hernia? They may be divided into those that pertain to the local conditions,

including all the characters of the hernia itself, and the more remote or general symptoms, especially the inactive bowels, the state of the abdomen, the vomiting, the pulse and respiration, and the general condition.

The local symptoms, irreducibility of the tumor, its unusual size, its tension or hardness, are by no means decisive that strangulation exists. They are really fallacious indications, and their presence, even in a marked degree, is not sufficient proof to warrant a diagnosis of strangulation, nor prove the need of operating when the remoter signs are not present; for they may all be found when a hernia, or its sac, is actually inflamed, though not strangulated. In this state a hernia may become quickly larger than ever, firm and tense, without impulse, hot, red, very painful and tender, and not reducible until the acute symptoms have subsided. So, then, we may find all the local signs usually present in a strangulated hernia imitated in an inflamed hernia which is not strangulated. And so, also, do we sometimes find the remoter signs, the constipation, vomiting, quick pulse and respiration, etc., accompany a hernia when inflamed, but not strangulated. How, then, can we discriminate? In the inflamed hernia, without strangulation, the local signs precede and greatly predominate over the remoter and general symptoms; while in a hernia which is inflamed after becoming strangulated, the remoter and general signs will still predominate over the local, and the history will tell that they preceded. There is no constant relationship in degree of severity between the local and general characters, for severe strangulation is often associated with but slight local symptoms. But the local signs should always be carefully weighed, as they give more or less evidence for operating or adopting other methods of reduction. They are generally less severe in the old than in the young; in old hernia than in new; in omental hernia than in intestinal.

It is very important, therefore, to recognize the true condition, as a safe course of treatment can only follow a clear comprehension of the case.

It is affirmed that, in order to diagnose strangulated hernia we must have bloating of the abdomen, fecal vomiting



and absence of flatulency. In what is termed false strangulation, foecal vomiting not infrequently is an attending symptom, but it appears only at a very late period in the course of the complaint, and at such times it is very difficult to distinguish the case from a strangulated enterocele. There is a class of hernias, such as those quickly coming down and much larger than before, those quickly becoming painful, those that are hard and tense, and those that are exceedingly tender, that, as a rule, are less likely to be reduced without operation than those coming down slowly, or when pain follows more slowly, or when the tumor remains soft and flacid, and not very sensitive. Complications of a local nature, such as inflammation of the coverings of the sac, suppuration, emphysema, etc., added to the remoter signs, imperatively demand an operation, without any previous attempt at reduction. If the remote signs of strangulation be well marked, and the hernia cannot be otherwise reduced, it is justifiable to operate, though there may be no marked local sign at all. Or even beyond this, if the general signs of strangulation be present, and there be a swelling anywhere which may be a hernia, though the local symptoms do not point to a strangulated hernia, the operation should be performed at the seat of that swelling. For in not a few cases the attention of the patient is spent on the misery of his vomiting and epigastric pain, and other remote symptoms, and says nothing of the hernia itself. In fact, the mistake is not infrequently made of treating the patient for spasms, colic, dyspepsia, or some other imitated disease, while the hernia was obscurely becoming hopelessly strangulated.

The question of reduction, or attempts at reduction that may be made, or may not be made, before operating, naturally suggests a division of cases into those in which the symptoms warrant the procedure, and those in which it is not justifiable. In bad cases, as, for instance, when the patient has foecal vomiting and peritonitis, or is in collapse, with small rapid pulse, hiccough, or other extreme signs, there should be no attempt at reduction without operation. When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place be-

neath them, reduction should not be attempted without operation. The longer the signs of strangulation have existed, the shorter should be the efforts at reduction; and the more acute the signs are, or have been, the more gentle should these efforts be. A hernia habitually irreducible becoming strangulated, with or without additional contents of the sac, calls for immediate operation, as it is not probable that a protrusion, which even before strangulation was irreducible, can be reduced by any other method of treatment.

Let us now suppose that an examination of a strangulated hernia leads to the decision that its reduction without operation is to be attempted, what means are advised to accomplish this end?

First, is the hot bath, followed immediately by quiet rest in bed for an hour, after which taxis may be used carefully and gently, and never prolonged. Or chloroform or ether may be first given before taxis is resorted to; but while the patient is unconscious the manipulation of the tumor should be more tender and cautious, for there is nothing but our own common sense to tell us how far we may go, else irreparable mischief may be done by too forcible pressure on the delicate structures of which it is composed. They are useful in hernia where the difficulty of reduction is chiefly due to muscular resistance; as in the recent or recently much enlarged; in the inguinal more than the femoral; in the painful more than the painless. Or ice bags or hot fermentations of poppy leaves, or any other substance, may be placed over the swelling and renewed frequently for a few hours, and then taxis again tried. Elevating the foot of the bed to the height of a foot or more, and keeping it in that position, with or without local applications, sometimes result in an easy reduction of the parts on manipulation. Neither frequent taxis nor methodless handling of the parts should be permitted, as both have the grave fault of aggravating the condition of the hernia, if they do not overcome it. Suspending the patient by the legs over the shoulders of a bystander has been tried with alleged success, by which position, it is hoped, the whole intestinal canal gravitating toward the upper parts of the abdominal

cavity, will drag with it the parts embraced in the hernial protrusion. That it is a dangerous proceeding for general practice no one need be told; the more especially so if adopted in those cases where there be adhesions within the sac, as there is danger of a reduction *en masse*, if reduction takes place at all. Evacuation of the liquid contents of the tumor by aspiration before taxis, or after the first unsuccessful attempt at taxis, is another mode occasionally useful, but it can only be of service where there are liquids in the hernia or its sac, and under no other circumstance. I can speak of its valuable aid in two cases that came under my care, one being a tightly-bound obturator hernia of 46 hours' existence, and which was reduced only after the withdrawal of about one-half drachm of liquid through a No. 2 aspirating needle.

The object of the operation for hernia is to divide the structures which tightly gird the protruding parts so that these can be returned. These structures, forming what is called the stricture, are in some cases outside the hernial sac, in others in its very substance, and according to these differences may the operation be completed with or without opening the sac. It is by far safer to reduce the hernia without opening the sac, as then the peritoneum is not wounded, the intestine and omentum are not touched or exposed to air, and the wound may be small and favorable for speedy healing. But there are many cases in which the constricting bands cannot be reached without dividing the hernial sac; and, again, the contents of the sac are not in a fit state to be returned into the abdomen, as when they are sloughing or deeply ulcerated. In all cases decide first, if possible, whereabouts the stricture is, so that the first incision should be directly over it, and thus give room to act on it. In femoral hernia the stricture is at, or within a half-inch of the femoral ring; in umbilical hernia the mouth of the sac is always the seat of the stricture, and the middle of the first incision may be right over it; in inguinal hernia the stricture is, in the large majority of cases, at or within the internal ring, and the incision should extend from the internal ring to beyond the external ring. In femoral hernia the incision should be vertical, in a line

drawn straight down from the spine of the pubes, and seldom needs to be more than an inch and a half in length. In umbilical hernia a vertical incision in the median line, one and a half or two inches in length, will be required, so as to reach either the upper or lower border of the mouth of the sac. In inguinal hernia the incision should take the direction of the neck and upper part of the hernia, and its length must vary according to the size of the parts to be returned. If it is proposed to open the sac, the incision should be commenced near its mouth, and then carried along the length and full extent of the external incision. When the seat of the stricture is ascertained, it may be divided on the finger-nail or grooved director, care being taken not to injure intestine or other structure in preparing the way for the passage of the knife beneath the constricting band. The division of the stricture in femoral hernia should be upward in the direction of the umbilicus; in indirect inguinal it should be upward and slightly outward; in direct inguinal, upward and slightly inward. These directions hold good in the vast majority of cases, but we meet with others occasionally where the obturator artery lies in an unusual relationship to a femoral hernia, and thereby requires a different mode of procedure than when the parts are in their natural positions. So may the epigastric artery, which normally runs along the inner border of the internal abdominal ring, deviate so as to cross it at the upper border, or lie at its outer side, in which event the direction of the incision in dividing the stricture must vary correspondingly in order that the vessel may not be wounded. But if the facts are kept in view, that a femoral hernia has the femoral vessels on its outer side, and occasionally the obturator artery on the inner side; that indirect and direct inguinal hernias are closely related to the epigastric artery, it lying on the inner side of the former, and on the outer side of the latter, wounding of any of these structures need scarcely ever occur.

When the operation is completed the external wound should be closed by sutures, and a dressing of calendula or carbolic ac. lotion applied, particular caution being observed in applying the bandage to have it sufficiently tight.

to prevent the reappearance of the tumor during after attacks of vomiting, or coughing, or any violent expiratory act. The bowels should be kept in a constipated state for some days, a nutritious but mild diet, with wine or other stimulants in a moderate degree, should be ordered, and perfect quiet enjoined. Special and frequent examination of the bladder ought to be made to see that no undue accumulation in that viscus takes place, as is very apt to be the case after severe or prolonged strangulation of a hernial protrusion.

A case in illustration:

**STRANGULATED FEMORAL HERNIA.—OPERATION.—CURED.**

I was called in the evening of the 9th of last October to see a case in consultation with Dr. Valentine, who had been summoned to the patient an hour or two only previous to my arrival. We found an aged lady, 66 years old, in a state of extreme exhaustion, cold and clammy skin, cold tongue and breath, sunken contracted face, pulseless at the wrist, bluish and insensible hands and feet, constant nausea with occasional vomiting of foul smelling liquid substances, and frequently stercoraceous matter would be thrown up. The breathing was very feeble, and the voice not reaching above a low whisper. There was an intense burning pain in the whole abdominal region; worse in the hypogastrium and about the navel and right iliac regions. The urine was totally suppressed. The abdomen was distended and tender to pressure. The bowels had not been moved for three days, and no flatus had passed.

In the right upper femoral region there was a small tumor about the size of a walnut, soft, doughy; not tender except to deep pressure, and which projected from the saphenous opening. Upon investigating the history, it was ascertained that the patient had for years been suffering from a femoral hernia, which at times required the aid of her physician, Dr. D. D. Miles, of Boonville, Mo., to reduce; as it would become constricted and painful. Probably, as a concomitant symptom, her bowels were for a long time very much constipated, weeks even elapsing between the acts of

defecation. Three days previously the patient was attacked with what was supposed to be "cramps in the stomach," which gradually grew worse notwithstanding the usual household remedies were assiduously applied; and a physician was called, who, recognizing the severity of the case, attempted to reduce the hernia by taxis, but without the least relief following his efforts. The condition of the patient was so extreme, in fact, almost in articulo-mortis, that immediate relief was imperatively demanded or the patient must soon succumb to the inevitable.

It was very questionable whether any operative measure would save her life, but it was the only source of hope left. Accordingly it was decided to operate at once, which we did under chloroform and ether, 1 of the former to 3 of the latter mixed, Dr. Valentine having the anæsthetic in charge. Holding the tumor steady between my thumb and forefinger, I cut slowly down through the cutaneous and subcutaneous tissues and fascia down to the sac, and exposed the tumor thoroughly.

The constricting ring appeared to be a band of fibers running from the transversalis fascia to the posterior border of poupart's ligament.

The ring was incised upward and inward, and the mass returned with a gurgling sound into the abdominal cavity. Two deep stitches were passed, a cold water compress held by a firm figure of 8 bandage applied, and restoratives and stimulants resorted to to arouse the patient to consciousness, as life was by this time almost extinct. Rubbing and hot flannels about the extremities soon brought on a reaction which reached its height only after a period of 48 hours. A few doses of morphine were given to produce quietness and rest from pain and lock the bowels. As no urine had been passed for 36 hours, the catheter was introduced and the bladder found empty. Thirty-six hours afterwards the kidneys began to act.

On the third day the bowels moved voluntarily, discharging a dark, foul mass, containing food, undigested, that had been eaten ten days previously, and accompanied by no ill effect except some irrostration. There was no pus nor mucous shreds or clots in the stool. The abdomen was

tympanitic and tender, more on the right side and in the region of the wound, which after the evacuation became less distended and painful. A retention of urine accompanied by violent spasms of the bladder, followed by cystitis, set in on the fourth day, necessitating a frequent use of the catheter, which always brought on the most agonizing distress.

Hot and cold applications locally, cantharis<sup>3</sup> internally, subdued the cystic trouble but did not entirely cure it, as it hung on for two weeks or more in spite of all that was done.

On the 8th day the bowels moved again, and the third time on the 11th day, without any bad symptom attending the act. The nausea and pain in the abdomen continued for four or five days, and gradually disappeared. The pulse slowly fell from 110 to 72; where it remained for two weeks or more, whilst the temperature for ten days after the operation never reached the normal point, and once was as low as 97 $\frac{1}{4}$ .

Three weeks after the operation, there suddenly appeared without any warning or apparent cause, a plelebitis of the left leg, attended by increased temperature of the limb, tenderness along the course of the veins, swelling, œdema, and exaggeration of the pulse, etc., which was subdued in a few days by ars.<sup>3</sup> internally, and hamamelis locally.

Beef tea and stimulants were given as regularly as the medicine, and warm flannels kept constantly wrapped around the feet and legs. The stitches were removed on the 4th day; the wound found to be healing as rapidly as her low condition would permit, it being now dressed with a calendula lotion. From time to time the diet was varied and increased; milk, soft boiled eggs, oysters, rare broiled steak, etc., being added to the list of eatables, as her strength improved. To the close attention given the case by Dr. Valentine, who watched her with almost a jealous care, is our success in a great measure due.



**ON THE PREVENTION OF HARE-LIP,  
CLEFT PALATE, AND OTHER CONGENI-  
TAL DEFECTS:**

AS ALSO OF HEREDITARY DISEASE AND CONSTITUTIONAL TAIN  
BY THE MEDICINAL AND NUTRITIONAL TREATMENT OF THE  
MOTHER DURING PREGNANCY.

In the Oct. No. of "The Monthly Homœopathic Review," Dr. J. C. Burnett, of London, has an article on the above subject, which contains so much good practical sense and sound reasoning, that we take the liberty to publish extracts from it, and commend them to the careful consideration of every reader of our journal:

\* \* \* \* \*

Who has not noticed the scraggy, stunted appearance of the calves born of the kine that are turned out to common or forest after they cease to give milk; the future mother-cows lead a hard life, and get but poor sustenance, and their offspring are proportionately undersized and ill-conditioned, and have an ancient, wizened appearance generally.

Similarly, in the human subject, the child of the well-fed well-worked, cheerful, happy woman, living in a sun-lit, airy habitation, is at birth the finest specimen of its kind.

On the other hand, what a miserable sight do the new-born babes of our courts and alleys, and of the pampered, tight-laced, high-heeled, lazy, lounging, carriage-possessing women of the higher classes present! The extremes meet; the poor blanched creature, half-starved, over-worked, shut up in some close sunless dwelling, brings forth fruit very like that of her pale-faced, over-fed, under-worked, sofa-loving sister of the mansion and of the palace.

And nature is inexorable; look at our bills of infantile mortality if you do not believe it. It is well so; God ordained in his undeviating laws that the fittest should survive, and they do.

Clearly, then, *we may take it for granted that the development of the fruit within the womb can be modified for good and for ill.*



We need not mince the matter; the future human being is made up of four principal factors. First the maternal ovum; secondly, the spermatozoon of the father, which requires, thirdly, a suitable soil for its development and growth. The womb is this suitable soil. These three factors being given, the blood of the mother supplies the fourth.

\* \* \* \* \*

Nature works wisely in making us all, more or less, worshippers of physical beauty and strength; and when the period of motherhood comes nigh, perhaps no greater fear is known than that of ill-formed offspring. It may not be often expressed, but if you could look deep into the sacred secrets of the expectant's heart, you would know that many are the prayers that fly upwards for the great and blessed gift of a *perfect* child.

Is it all right?—Is it *perfect*?—is very commonly the first question one hears after the newling's *entree au monde*.

\* \* \* \* \*

To-day I propose directing attention to a subject that has met with but comparative little notice—certainly with much less than it deserves. I mean the medicinal treatment of the human fruit, while still within the womb, for the cure of hereditary taints and for the prevention of deformity.

My attention was more particularly directed to the subject some six years since in the following manner:—

At the end of the year 1874 I was consulted by a gentleman about his children, the youngest of whom had double hare-lip. He had some confidence in homœopathic treatment, and was desirous of knowing whether there were any means of getting the wound to heal well after the operation for hare-lip that an able surgeon was on the point of undertaking. I recommended him the local application of *calendula officinalis* as an excellent and well-established vulnerary, especially to clean wounds. The operation took place, the gentleman used the *calendula* as directed, and the surgeon, a man of some experience, declared he had never before seen such a rapid healing process or such a

nicely healed surface in any of the cases of hare-lip on which he had operated.

The reputation of *calendula* (the common marigold) as a vulnerary is very old, but it survives almost exclusively in the homœopathic school, in which it is, as you all know, in daily use.

The next older child than the one operated on had, and has, a slight insufficiency of the upper lip; if it were a little worse it would be hare-lip.

Subsequently this gentleman consulted me in regard to his own health, and after the consultation the conversation fell upon his children, upon the excellent result of the operation, and the rapid healing of the wounded parts. Then regret was expressed, especially as the child was a girl, as of course the neatest scar can never constitute a perfect or pretty lip. At the best it is only passable, and not particularly unsightly.

Finally he said, "In case my wife should have another child, what would you expect the next to be like?"

I answered, "That cannot be determined; but taking all the circumstances into consideration, viz., that your first child is perfect, that your second child has only a slight defect in the upper lip, that your third child has double hare-lip, and that your wife was in apparently good health with these, all equally, I should expect the next to have hare-lip also, a little worse than the last, and perhaps even cleft palate."

He further inquired whether anything could be done to prevent it? My answer was, that I knew of no special experience on the subject at all, but as the body fruit could certainly be affected medicinally, I should think hopefully of properly directed medicinal treatment of the mother during pregnancy. I promised to do my best, and he said he would let me know if any further pregnancy should occur, and place the mother under my treatment.

The subject took hold of my mind, and I often animadverted upon it. Many remedies suggested themselves, and many plans of treatment; the one that found most favor with me was to be based upon specificity of seat or local drug affinity. I reasoned that any drug that would speci-

fically affect the upper lip and palate might act as a stimulus to the part if coursing in the mother's blood, and thus bring about complete union of the bilateral parts. But an insuperable difficulty here suggested itself, viz., I knew of no such drug with anything like a strongly-expressed affinity for the part. Such remedies as *kali bichromicum*, *aurum*, *iodine*, *mercury*, *natrum muriaticum*, *mezereum*, *phosphorus*, were thought of, but I did not feel the local affinity idea was workable here.

I then thought of tissue affinity or specificity of histological seat, as worked out in its fullest extent of late years by Dr. Schussler, of Oldenburg, in regard to disease. I thought that a formative element of the tissue might be wanting, and thus condition imperfect development. If we grow wheat, we must supply its elements, as manure, to the soil, and if we grow tissue we must supply its elements in the mother's blood which is the food of the foetus; if the wheat just fail to finish the ear, we conclude formative elements are wanting; if the absolute concrescence of the bilateral parts of the human foetus just fails of completion we may fairly assume that formative elements are lacking. So I thought. And in order to try to find out *what* was likely to be lacking, I went over embryology a little, and I will ask you to go over exactly the same ground as myself presently, by giving a short *resume* of the development of the involved parts first, and then show how, and what remedy I diagnosed.

The surgeon who had operated on the little girl, and also the family accoucheur who assisted at the operation, were also consulted upon the hoped for possibility of preventive treatment in the then future; but these gentlemen laughed at the idea, and said the only thing for it was operation, prevention being out of the question.

But we may reflect upon the fact that it is not at all an uncommon thing in our hospitals, and occasionally in general practice, to treat a pregnant person suffering from syphilis, very actively with *mercury*, and the results are on the whole very encouraging indeed; still, as far as I am aware, it is seldom that any physician attempts the intra-uterine treatment of any other complaint, and even here

the *idea* has generally been to treat the *mother* only, or principally.

In thinking the matter over, and endeavoring to find some sound reason to guide me in the to-be-attempted preventive treatment of hare-lip, I was encouraged to hope for a good result from the recorded experience of a few homœopathic obstetricians who tell us of the successful medicinal treatment of the uterus and of the expectant mother herself; for it seemed no great difficulty, theoretically, to modify the development of the foetus, which grows in the uterus and is fed with the blood of the mother, seeing that both the mother's blood and uterus can, demonstrably, be modified therapeutically.

Now, although I felt the idea of trying to prevent hare-lip with the help of *specificity of seat* in the ordinary homœopathic sense unworkable, still this lay in the nature of the case rather than in the nature of the thing generally. Thus in those liable to beget offspring with defects or deformities, or displacements of organs, or parts to which we have approved remedies with specific affinities for such organs or parts, we might, and undoubtedly should, find it of eminent service, and also of the careful application of the homœopathic law of similars; also of the tripartite pathology of Hahnemann; and of the constitutional states of Grauvogl, and perhaps, even of the *Remedia Universalia*\* of Rademacher.

But to return, let us examine the embryology of the parts involved in hare-lip and cleft-palate.

Biologists tell us that the face is originally formed of a middle portion proceeding from the forehead, or frontal process, and of a lateral portion on each side, derived from the superior extremity of the first visceral arch. These parts are at first separate.

The lateral and the inferior parts, destined to form the superior and inferior maxillary apparatus, are both derived from the first visceral arch, in which an angular bend appears; the part above this bend being converted into the

---

\* A *Remedium Universale* is not a would-be panacea or cure-all, but one that hypothetically affects the universe of the microcosm, *i. e.*, not an organ.

superior maxillary mass, and that below it into the inferior maxillary apparatus.

The superior maxillary mass, in its growth, approaches the frontal process, and unites with it; a cavity being left between that process and the two superior maxillary masses, which becomes the nasal cavity. By the union of the superior maxillary masses (the superior maxilla and palate bone) of opposite sides beneath this cavity, the separation of the nose from the mouth by the palate is effected.

The mode of development of the face affords an explanation of the abnormal cleft palate, and the congenital cleft between the upper maxillary and the intermaxillary bone, and of those congenital fissures which pass between the intermaxillary and upper jaw, as far upwards as the orbital cavity. Congenital clefts of this kind are thus the *results of an arrest of development occurring during the primitive conditions of the parts.*

We may, therefore, infer that cleft-palate is due to lack of a due supply of formative material; the superior maxillary masses ossify indeed, but fail to unite in the median line. If so it will follow that if the requisite amount of formative matter be supplied soon enough to the maternal blood, it will be given off to the foetus, and tissue osseous union will take place, and deformity will be prevented.

But the skeleton may unite in the middle, and yet the soft parts fail to do so; and when this occurs with those of the superior maxilla, the deformity known as hare-lip is the result.

We may regard the basis of the upper lip structure as already differentiated into connected tissue, which is indeed the stroma of the whole body, and of all its organs. When, therefore, the soft parts fail to unite in the median line of the upper lip, and we get the ugly defect known as hare-lip, we may conclude that the development became arrested from a lack of one of its constituents *in developmental or functional power.*

All things considered, I concluded it was, in this case, *lack of lime-life.*

Then the next point was—which salt of lime? Here the psoric constitution of the mother pointed to *sulphur.*

My conception was not that there was an actual lack of lime as such, but rather a lack of assimilative or developmental power of the lime-function in the sense of Moleschott and of Schussler, and that struma or psora (= morbid  $\alpha$ ) was the hindering agent.

I therefore decided on *calcareo sulphurica*, and believing it was *quality* that was required and *not quantity*, I determined on the sixth centesimal trituration.

This is how I diagnosed, theoretically, a remedy for *this case* of presumptive defective formation, and this remedy I made up my mind to give if the lady should come under my care.

A little time elapsed, and the husband appeared to inform me that his wife was believed to be *enceinte*. *Calcareo sulphurica*, 6th trituration, one grain night and morning, was prescribed. The lady continued to take it till the end of the seventh month of the pregnancy, and during the last two months she took *lithium carbonicum*, and at full term *she gave birth to a healthy and perfect child*.

In due course a second pregnancy took place. The same course of treatment was adopted, and with the same happy result—viz., a *perfect child*.

Since this time I have kept the subject of the intra-uterine medicinal treatment of the human foetus before my mind; but my experience here has since been for the purpose of preventing, respectively eradicating, constitutional taints and hereditary proclivities. Cases other than those two, for the prevention of defect or deformity, have not hitherto come under my observation.

But this further experience of mine I will refer to again, as an interesting paper, published in the *Practitioner* for December, 1878, by Dr. Thomas P. Tuckey, of County Cork, Ireland, here claims attention. Dr. Tuckey is evidently an original thinker. This paper is entitled "On the Preventive Treatment of Cleft-palate and Hare-lip, and some further Remarks on the Relation of the Ovaries to the Sex of the Child."

Our author tells us that his attention was directed some years ago to the remarkable success which has attended the

Dublin Zoological Society, in the breeding of lions, and the great immunity which animals born in their gardens, in the Phoenix Gardens, enjoy from various disorders and deformities to which the lion bred in a state of subjection is liable. The most remarkable of these diseases is cleft-palate, which lions in a captive state are very apt to have. Dr. Tuckey believes it was the Rev. Professor Haughton, when speaking before some public assembly, who drew attention to this fact, and stated that it was his opinion that the cause of the lions in the Dublin Gardens being born so unblemished, was giving the mothers bones which they could crush. This fact very much impressed Dr. Tuckey, and as he happened to have under his observation a family of several children, who were all, both male and female, the subjects of hare-lips, several of which cases were complicated with cleft-palate, he determined to speak to the mother, who was in poor circumstances, and ask to let him know the next time she was in the family-way, that he might give her a medicine which would prevent her next child having the same deformity as the others. The poor woman was heart-broken, taking her children here and there to be operated upon, and quite jumped at the idea, and promised faithfully to come and report herself the moment she believed herself to be *enceinte*.

This is the woman's family history:—

Mrs. H., aged 35, mother of six children. Every one of her children have had hare-lips, two have also had cleft-palate. The disease appeared not to be hereditary, and she could not call to mind any of her family, or of her husband's family, who have had hare-lips. Is a fine, strong woman, but has fearfully crooked eyes; no other deformity. Has always had good health. Her husband, small, but strong and healthy, never has had any diseases while she has been married to him. He and she have both lived all their lives in the country. He is sober and has always been so. Her first child had simple hare-lips; no cleft in palate; does not remember getting any frights when carrying her children.



A pregnancy occurred; Mrs. H. presented herself and the doctor prescribed the following mixture:

*R* *Calcis Phos.* 1 drm. 20 grs.

*Calcis Carb.* 1 drm.

*Bicarb. Magnes.*

*Chlorid Sodii.*

*Sodæ Phosph.* equal parts scrup. grs. *M*

To be added to an 8 oz. mixture composed of *geletine*, *gum arabic*, *syrup of ginger*, and *cinnamon water*; 1 drm. three times daily.

As clefts in the palate and lip are said to be due to arrest of development prior to the end of the third month, Mrs. H. was at once put on this mixture, which is intended to represent a very rough analysis of the constituents of bone. In any future cases Dr. T. thinks he would grind up the bones of the head of some animal, and give some of the powder instead of the above elaborately constructed mixture.

The essential parts of this mixture are clearly the *lime*, *phosphorus*, and *magnesia*. The little poly-pharmaceutical performance of adding *gelatine*, *gum arabic*, *syrup of ginger* and *cinnamon water* is not a little amusing.

But to return: The woman took the mixture regularly until the fourth month; she went her full time, and was delivered of a girl, without a trace of deformity about her lips or palate; the child was healthy and strong.

Hearing of this case, a Mrs. L. came to seek Dr. Tuckey's advice. She was the mother of eight children, most of whom had cleft-palate and hare-lips; in four of them the hare-lip was double, and more shocking objects of deformity he had never seen. One boy was perfectly repulsive. The woman believed herself pregnant, and was at once put on the mixture. She went her full time, bore a girl without hare-lip, indeed, *but who evidently had had one in utero*, for the lip, though united, was united *crookedly*, and one side was puckered up, as if by a slight and narrow burn.

This is, truly, a most remarkable and interesting case.

I must demur to the statement that the arrest of development occurring before a certain period necessarily in-



volves the conclusion that treatment in the later months of gestation would be useless. This is a pure assumption, and based on no normal observations. Here we have to do with arrested and *therefore retarded* growth, and hence the nutritional or medicinal treatment should not only be begun early, but continued to the end; and one begun late would still be hopeful of obtaining amelioration, if not of complete normality.

Again, there is an objection to the use of the bone, simply as the lips have not the same constituents as the bones, and in the same proportions; so if we are to give pulverised heads we must give the lips too.

But we, happily, need neither one nor the other; neither do we need any bulky, cunningly-devised mixture, with nasty or nice additions, to mystify, and obscure, and render our own observations open to objections.

Pure clinical experiment must be with one remedy at a time to be conclusive.

Thus I may object to Dr. Tuckey's proposition that the *phosphates* did the work in his cases, on the ground that the *tincture of ginger* acted as a stomachic, and strengthened his patients' digestions, so that they assimilated more food, and *thus* were the defects prevented. Another might attribute it to the *gelatine*; a third to the *alcohol*; a fourth to the *cinnamon*.

Then this polypharmacy prevents individualizing, which is the soul of all true progress in scientific medicine.

I was once struck with the extreme beauty of a lady's children, both parents being rather plain, and found that she had been in the habit of using a mixture of *phosphorus*, *iron*, and sherry during gestation to keep her strength up. Her own health was seriously injured by it.

I think it will be conceded that it is at least highly probable that the preventive treatment of congenital deformities and defects may be undertaken with good chances of success, and I venture to submit that this corner of the field of practical medicine is well worthy the attention and skill of all physicians, and also of all well-wishers of the race, lay as well as medical.

It will be of surpassing interest to the individuals and

families more immediately interested, through having undesirable family proclivities.

There is here great scope for the tissue remedies, especially when dynamized, as it is likely to be qualitatively changed nutritive building material that is required.

No doubt the various cases of congenital defect and deformity differ essentially in their natures, and will require accordingly different remedial or preventive treatment.

This immense field lies fallow ready for the tilling talents of willing workers.

As soon as this is undertaken, facts will multiply, and reliable data will be at hand to guide us.

To draw a line of demarkation between the nutritional and medicinal treatment is not now possible. Undoubtedly some cases will require nutritional treatment solely; others will require medicinal treatment directed to the mother's constitutional crisis; in others, again, a debilitated generative sphere may claim attention. Or a presumable taint in the marital product may call for the principal intra-uterine therapeutic endeavors.

Here I may narrate the following observation. A lady patient of mine was extremely fond of liver during one of her pregnancies; at least once a week she would partake copiously of it—pregnancy fads are as old as the world. This lady was delivered of a very fine *child that had extensive pigmentation of the forehead*, such as we are wont to see in some ladies during gestation. This brown discoloration gradually disappeared from the baby's forehead in about four weeks. The mother's skin was also in parts very deeply pigmented, but not the forehead.

Hitherto we have referred more particularly to the preventive nutritional and medicinal treatment of defects and deformities; it has, we opine, a certain future.

Perhaps it will now be profitable to consider the subject of disease from the same standpoint.

To start with, we may not do amiss to realize the fact that we get, so to speak, a capital leverage for our therapeutical work, inasmuch as we have a number of months in which to accomplish it. We know from daily experience that numerous diseases can be cured by a *course*

*of treatment* spread over a considerable period of time, but which cannot be modified to any great extent with any *one* given remedy. The various remedies follow one another like steps in a staircase, and they are all needful to reach the top.

Then we have the most favorable physical conditions. Our foetal patients are not exposed to change of temperature, but have a constant temperature in the best possible medium, and they are pretty sure to take their physic regularly.

Ever since my attention was arrested, as before stated, by the observations of hare-lip, I have sought opportunities of testing the truth of this theory—that the body fruit, while still within the womb, can be nutritionally, and medicinally modified at will. Further cases of deformity have not presented themselves, but in general practice I have had some opportunities of observing the beneficial effects of the medicinal treatment of pregnant women for the prevention of various to-be-expected morbid states.

Thus, a lady patient of mine has a good many moles and warts on her person, and her husband a great number of warts, some very unsightly, on his. Considering the frequent observations that warts will, at a more advanced period of life, take on increased action, hypertrophy, and become epitheliomatous, their presence in an individual is not only æsthetically undesirable, but may become the source of positive danger to life; at any rate they are ugly things at the best. Moreover, both of them are rheumatic and constitutionally strumous. This lady has passed through four pregnancies under my observation and professional care, and during each one I subjected her to a course of treatment with the most happy results. The four children were born with unblemished skins—wartless, moleless, and spotlessly pure.

It may be objected that the treatment had nothing to do with this purity of skin, as the interesting babes might have been equally unblemished without any treatment at all. Of course I cannot *prove* the contrary—still . . .

“Like genders like, potatoes tatoes breed,  
Uncostly cabbage spring from cabbage seed.”

My belief is, and it is based on observation, that those four children would in all probability have all been born with unsightly warts on various parts of their persons had the mother not been treated to prevent it.

The course of treatment followed was in this wise—a *peu pres*.

*Sulphur*, generally in the sixth, twelfth, or thirtieth dilution (by preference the last named) was given as the most certain anti-psoric. This was granted time to act, and then followed *thuja occidentalis* as the anti-sycotic *par excellence*. Lest any specific taint lay in its history, *mercurius* was given. The lady's teeth are very carious, and hence *acidum fluoricum* was given for a while; the children have thus far sound toothie-peggies, and teethed normally and without any mediævally superstitious gum-lancing.

*apropos* of gum-lancing, if those who still adhere to this barbarous practice would just work up the indications of *aconite*, *belladonna*, *ferum phos.*, *kreosote*, *calcareæ carb.*, *calcareæ fluorica*, *silicea*, *phosphorus*, and the like, they would soon have, as I have, a *very* rusty lancet, and a very grateful heart, that they no longer need to pain the poor bairns and constitute themselves dreaded objects. Moreover, they would soon satisfy themselves, after a little careful oservation, that the gums are not the offending parts, but the unfinished, abnormally constituted *teeth*, and a morbid something lying behind and beyond in the constitutional crisis. *Sapientibus sat*.

A lady, mother of several (five) children, was under my treatment for a chronic internal skin affection; her husband had formerly been successfully treated by me, for psoriasis of lower extremities, with *arsenicum*.

The last baby I had treated for eczema while still at the breast, and when it was vaccinated the arm became very seriously inflamed, and the object of anxious care and medicinal treatment. All the five children had had, I was informed, something wrong with the skin, and every scratch with them festered.

The sixth pregnancy occurred, and I treated the lady during the greater portion of it. The principal remedies

used were *psorinum* 30, *sulphur* 30, *calc. sulph.* 6, and *juglans cinerea* 1.

The child came in due course; every thing was normal, and the little manikin was the finest of the lot, and remained for two years with a pure skin, and the vaccination caused no inconvenience. All the other children had had cutaneous affections before they were a year old, and some of them proved altogether intractable.

The child passed from my observation then, but I have heard that it now has "something on its arm," but what I do not know. Supposing it to be a cutaneous affection, the result of the preventive treatment would be that it remained free for the first two years of its life; and moreover, it is by far the finest and handsomest of the six children.

Of course I cannot *prove* that it would have been otherwise if the mother had had no treatment at all.

It was once my duty to treat a conjugal pair, each for the morbus gallicus, that admittedly was a marital acquisition. A pregnancy occurred while only too many unmistakable symptoms were objects of treatment. During almost the whole of the pregnancy the lady was persistently treated with *mercurius*, *aurum*, *stillingia sylvatica*, and the like, with an occasional pause. The usual term of utero-gestation resulted in the birth of an apparently perfectly healthy, spotless child, and, as long as I observed it, it remained so.

No doubt other practitioners are in the habit of treating pregnant women for various ailments, and will be able, from longer experience and greater opportunities than mine, to give more striking examples of its efficacy in regard to the mothers; and perhaps also *quo ad* the offspring.

Having thus gone rapidly over the subject of the prevention of defect, deformity, and disease by the intra-uterine medicinal and nutritional treatment of the pregnant person during gestation, it only remains for me to apologize for the meagreness of the practical suggestions I am able to offer in the few minutes allotted to me for this paper, and to express a hope that you will freely add hereto in the discussion which is to follow, so that it may be said that I merely give out the text, and you, gentlemen, preach the sermon.

*EXTRACTS FROM PROCEEDINGS OF THE  
ST. LOUIS HOMŒOPATHIC MEDICAL  
SOCIETY, MAY 12, 1879.*

---

The Essayist not being present, Dr. Harris began the discussion by relating the history of a recent case in his practice, speaking as follows:

It has been said that in malarial diseases, where there is coma threatening death, *quinine* should not be given. I had a case lately. There had been rheumatism, as was supposed, beginning on the right side, and after two or three weeks passing to the left. There had been very little fever at any time. A variety of remedies had been used, among them salicylic acid. Last Monday at 2 A. M. the woman had a chill. The chill, as well as the fever following, was slight. On Tuesday all her pain went to her head, and there remained, with one or two aggravations daily. For three days her pulse was not above 80. I thought best to give *quinine*, but instead of relieving it aggravated the headache. On Friday she was siezed with convulsions, and, sinking into a comatose condition, died ten hours after the onset of convulsions. Is it better to give high potencies in such cases, or not? I should like to hear the opinion of those present. I have had two similar cases before, and I have wished since that I had given *quinine*. During the meeting of the Western Academy some of the doctors visited the hospital, and while they were there this subject was brought up. Dr. Eggert stated very positively that *quinine* should not be given in such cases.

DR. CUMMINGS: Did you give *bell.*?

DR. HARRIS: Yes, for a day and a half. There was difficulty of swallowing.

DR. CUMMINGS: What doses of *quinine* did you give?

DR. HARRIS: 1½ grs. once in three hours.

DR. GUNDELACH: What was the age and temperament of the patient?

DR. HARRIS: The woman was 30 years of age, had gray eyes, and a nervo-bilious temperament.

DR. CUMMINGS: I have had more experience probably in

such cases than many of those present. I would not dare to give *quinine* under such circumstances. At what stage of the disease did you give the *quinine*?

DR. HARRIS: After the woman had been sick two or three weeks.

DR. CUMMINGS: *Quinine* is the proper remedy in the first few days of the disease, but not afterwards. I have, however, given 40 or 50, and even 100 grs., but it produced deafness, blindness, and other grave symptoms. A favorite prescription of the Old School physicians in New Orleans some years ago was the *quinia haustus*, containing *quinine* and *opium* in the proportion of 20 grs. of the former to 2 grs. of the latter, which amount was the ordinary dose. I gave three-quarters of this amount to a patient once, and a few hours afterward took an old doctor around to see the case. Her head was hot and body cold, and she was in a very dangerous condition. The doctor recommended bleeding. We tried it. Some blood slowly welled out, but she died in an hour or two.

Afterwards I reduced my doses. I gave 5 or 10 grs. in 5 or 6 hours, and had much better results.

The old doctor changed his practice, too.

My present way of treating congestive chills is to give mercury very often in substantial doses, followed by about 20 grs. of *quinine* in two doses; but this treatment must be employed at once, and not after the disease has run on for three or four days.

DR. PARSONS: Is that homœopathic?

DR. CURTISS: I've had considerable experience with chills, and I have never failed to get along with electricity and water. Sometimes one treatment is sufficient, sometimes it is required to be kept up for ten days.

DR. CUMMINGS: I never give *quinine* unless I apprehend a congestive chill; but when I do give it I don't give it in  $\frac{1}{2}$  gr. doses, though I, of course, give smaller doses to women and children than I do to men. In plethoric persons, *verat.* or *camph.* are proper. I knew a homœopathic doctor to let a patient die giving him drop doses of medicine when I was confident the treatment I have mentioned would have saved him. But if any one thinks I give *quinine* in every case



of chills, he is mistaken. I have given it, I believe, only once in four years. I have had *cinchonidia* in the dispensary since last fall, and I think I have used it but twice, which the books will show. All other cases I have treated homœopathically.

DR. HARRIS: What are the symptoms of malarial congestion of the brain? Is there any possibility of preventing or curing it? Have any of the gentlemen present seen such cases recover?

DR. PARSONS: Congestions of a malarial origin sometimes get well, as well as those resulting from other causes. Malaria is something we don't understand. Congestion is only one of its manifestations. Congestion of the brain may result from cold, from an injury, from a fall on the head, and from malarial influences, and may have about the same symptoms, whatever its cause. Congestion from other causes is relieved; why should not malarial congestion be relieved? Undoubtedly there are cases of congestion which no treatment will cure. Cases caused by punctured wounds will die, though we do our very best, when seemingly more serious cases of different origin recover; why, we do not know. Now, if any severe cases of congestion of the brain recover, I say those of malarial origin may. Every physician can say the same. But coming to congestive chills: This term, as commonly applied, may mean one thing or another. It is applied to cases where there are coma and somnia, and to cases where there is a cold, pinched, collapsed condition without coma; cases different, but not opposite; different in degree, not in kind.

DR. HARRIS: I spoke of a case where there was coma.

DR. PARSONS: What shall we call those cases where there is not sensibility? where we are in the habit of giving *acon.* and *bell.*? When the blood leaves the surface it must go somewhere—to the brain, stomach, liver, or some other internal organ. The congestion is temporary; sometimes there is unconsciousness, and sometimes not. I have seen these cases of congestion get well; but I would not give *quinine* when the congestion is to the brain. In this condition we do not want a stimulant, and *quinine* is a great stimulant. When there is unconsciousness, i. e., when the



brain is congested. *acon.*, *verat.*, *camp.*, *ars.*, are the remedies.

DR. GUNDELACH: When I have reason to think a fever is malarial, and congestion is present or threatened, I give *quinine*. I have seen cases of congestive chills where there was coma, due, as I believed, to a passive congestion of the brain, and I have used *quinine* in those cases, not only without evil effects, but with decided benefit. I applied it to the skin or injected it. Hot baths and friction are not to be discarded; but nothing equals *quinine*, and I would not be without it. I am satisfied that large doses are required.

DR. VALENTINE: You use *quinine* for congestion of the brain?

DR. GUNDELACH: I use it when there is coma. I had a case of a child this spring. Its mother went down town, and was gone some time. When she returned the child was insensible. I saw it an hour or two later, and worked over it until it came to consciousness, about 24 hours from the beginning of the attack.

DR. VALENTINE: How do you apply *quinine* to the skin?

DR. GUNDELACH: Dissolved in water by means of a little acid.

DR. VALENTINE: You do this way when the patient cannot swallow?

DR. GUNDELACH: Yes. I have found that when necessary to give *quinine* internally, it had a very good effect when given with Fl. Ext. of *Taraxacum*. *Taraxacum* has many symptoms of intermittent fever.

DR. CUMMINGS: What doses of *taraxacum* do you give?

DR. GUNDELACH: I put 1 dr. quinine and 6 fl. dr. of the Fl. Ext. in 4 oz. of water, adding sufficient acid to dissolve the quinine (it does not require much), and give according to severity of the case and age of the patient.

DR. CURTISS: I was called to see a man who had a congestive chill. There were no conveniences in the house, so I took him home in my carriage and immersed him in an electric bath. He soon recovered.

DR. VALENTINE: Describe your bath.

DR. CURTISS: I immersed the man in the bath-tub and ap-

plied the positive pole of Kidder's battery to his head and the negative to his feet; also employing friction when he was in the water and after he was taken out. He suffered a long while afterward, but entirely recovered, and no other remedy was used.

DR. CUMMINGS: I think Dr. Parsons is right to confine the use of *quinine* to those cases where there is coldness and collapse, but consciousness all through the attack. It is adapted to build up the system, and may be given to advantage in whisky.

There are some cases of congestive chill that are difficult to distinguish from sunstroke, when they occur in hot weather, and the history is not known. I had a case in the South on a steamboat in July. I had no history of the case except that he had been in a skiff in the sun. I went to the bar and got some brandy, and put some *quinine* in it, and gave the man at about 3 p. m., and he was walking around the deck at 5 or 6 p. m. I learned afterward that he had been having swamp fever.

In 1861 I had some cases of sunstroke very similar. Some negroes on a plantation were having a sort of a holiday, and having taken a little whisky, three of them became sunstruck. One was limp, and could hardly swallow; the others could walk around a little. I poured water on them and gave them *quinine* and whisky, and they all recovered. The *quinine* must be used early in such cases.

The surgeons of the British army have used *quinine* hypodermically, but it produces ulcers.

DR. KNOX: I had a case of considerable interest this morning about 3 a. m. It was a colored man. He went to bed well, but fell out of the bed in the night, and had cramps and convulsions in his arms. I found him comatos, breathing stertorously, with his pupils dilated, and insensible to light; pulse slow and full. I gave him some *bell.* in a little water, which he vomited, with some vestiges of pigs' feet he had eaten at supper. I thought of giving *opium*, but I left *bell.* and *acon.* to be taken alternately. This morning he was dead.

DR. CAMPBELL: What was your diagnosis?

DR. KNOX: Apoplexy.

DR. PARSONS: *Quinine* would not help. There is no remedy set down for pigs' feet—homœopathic or any other.

In 1866, the cholera season, I went to see a patient of Dr. Franklin's, on Ninth and Olive streets. I found her sick at her stomach, vomiting a thin, glairy mucous, with pains at her stomach, cold extremities, clammy sweat, and thirst. She felt as if there was something in her stomach which she wanted to get up. The woman was conscious and had no diarrhœa, but the case looked considerably like cholera. At first she said she had eaten nothing, but on inquiring again she admitted she had eaten a little corn and mashed potato, but nothing of any consequence. I thought that, perhaps, these substances lying in her stomach undigested had provoked the spasm. I remembered what I had seen old Dr. Vastine do. I gave her a pint of warm water, poured down at divided doses. A few moments after she vomited the water, some butter, some beans, some corn, some cabbage, some cucumbers and some potatoes, yet she had eaten nothing. Suppose I had left some homœopathic remedy. These articles would have remained in her stomach and produced—I know not what consequences.

As it was, she slept and recovered. I learned the value of this remedy from old Dr. Vastine. He took me to see a patient who had colic, wind on her stomach, etc., but who had eaten nothing. The doctor gave her some warm water, with mustard in it. She vomited half a dozen figs and several date stones.

For cramps in the stomach warm water will seldom fail.

DR. KNOX: What if the patient was unconscious?

DR. PARSONS: The water could not be given. But such cases are not often unconscious at first.

DR. VALENTINE: Did Dr. Knox's case die from over-eating?

DR. PARSONS: No; I don't say that. I don't want to be understood as censuring the course of Dr. Knox. If the doctor considered it apoplexy, I would ask what he understands apoplexy to be? The term is applied to different conditions. I apply it to the escape of blood from the vessels. It may be serous or sanguineous but fluid must be poured out from the blood vessels or lymphatics.

The symptoms of apoplexy of the brain may be like those of a congestive chill or like sunstroke. There may be dilated pupils, unconsciousness and suffused face; or the reverse, contracted pupils, pale face and paralysis of the buccinator, in either of these affections. All three come on rapidly. It may be that in individual cases we can determine with precision the character of the attack, but in the majority of cases we cannot tell positively. If a case occurs in hot weather, it is apt to be sunstroke. Acute congestion may be centric in its origin, or it may be from sympathy with the stomach or some other part. After deaths from tetanus or trismus, resulting, perhaps, from an injury to the toe, there is congestion of the brain throughout, with effusions of serum, just as there is in hydrocephalus. If we do not see the skull laid open, we cannot tell for certain what the lesion is.

In using these terms we must define what we mean by them. Dr. Knox's case may be one of apoplexy, but I doubt it.

---

## *THE RIGHTS OF WOMEN TO PRACTICE MEDICINE, OR WOMEN AND SOME OF HER QUALIFICATIONS FOR THE MEDI- CAL PROFESSION.*

---

BY MRS. E. W. DUNLAP, PLYMOUTH, IND.

---

Read at the 14th Annual Session of the Indiana Institute of Homœopathy, at Indianapolis, Ind., May 26, 1880.

---

We have only to look at the course of homœopathy. Civilization is advancing. It pushes forward and nothing can impede its progress. To-day it is further ahead than it was yesterday, and each decade of years makes a notable advancement in its onward course. For proof of our declaration, we have only to point you to the fact that woman is now recognized as the peer of man in intellectual power. She is now granted an admittance to fields of labor that she

was forbidden to enter a few years ago. It has been evident for a long time to unprejudiced minds that her mental endowments were not inferior to those of the sterner sex. Precedent and usage, however, are strong factors in human affairs, and when once established, it often takes truth a long time to overcome them. It has been thought by those who were conservative on the question, that we had better go by the old landmarks, and thus debar women from occupying the positions in the world for which the God of nature qualified her in the outset, when He created the first pair and placed them in the Edenic garden. God did not take a bone from the head of man to create women that she might be his superior; nor from his feet that she might be his inferior, but took a rib from his side, thus demonstrating that He intended her to be his equal, and stand side by side with him in the great conflict of life.

The history of women in all the ages past proves beyond the shadow of a doubt that she is abundantly able to fill any position where brain-power is demanded as a prerequisite.

Queen Zenobia was the ablest and best ruler ancient Palmyra ever possessed. And England was never more prosperous than during the reign of Elizabeth. Queen Victoria of to-day is a model sovereign as well as the highest type of a christian women.

American statesmen are beginning to perceive that the salvation of the republic depends upon woman being given the elective franchise.

In several States she has already been granted the ballot, and in all cases when empowered to do so, has cast the same upon the side of right. Her voice is now heard pleading at the bar of justice in our courts, and upon the temperance platform her clarion notes ring out in favor of sobriety. In the pulpit, on the regular lecture rostrum, in the editorial chair; in fact, every place where she has measured swords with man in the use of brain, tongue or pen, she has proved herself his compeer. In missions of charity, where sympathy is required, she has proved herself his equal if not his superior.

Florence Nightingale in hospitals, Clara Barton on bat-

the field, Helen Chalmers in missions, Catherine Pennefather among the outcasts, and Mrs. Barbauld in Sunday school, are brilliant examples of your pathetic women. The women of sacred history, who ministered to the temporal welfare of Jesus, and noble Veturia, who importuned Coriolanus in behalf of the Roman empire, were also women whose power for good was never transcended by man on this terrestrial sphere. It is in medicine, however, that women have won her greatest achievements. In this noble profession, the names of Madam Lachapelle and Boivin stand side by side with those of Ramsbotham, Velpeau and others whose fame is as imperishable as medical science itself. But we are not obliged to search the annals of the past for lady doctors of exalted reputation. In every large city and in many county seats there are female physicians, whose large practice gives evidence of their appreciation by the public, and tends to prove their skill in the treatment of disease. We have not the space to mention any of those by name. We contend and we believe justly that woman is as well adapted to practice the healing art as man. Let us examine her capabilities—her natural qualifications.

1st. She is man's equal so far as mental caliber is concerned, and more than his equal, if fineness of brain texture is considered. The convolutions of her brain are more numerous, and the gray matter more abundant than in the encephalon of man. In view of this fact, her mind is more æsthetical in its composition. Man naturally seeks and follows the grosser occupations of life, such as agriculture, explorations, campaigning, etc., while woman delights in poetry, music, botany, and last but not least, in medicine, which all will acknowledge to be one of the most æsthetical of sciences, and one that requires the exercise of fine powers of discrimination in its practical application to the amelioration of human misery.

2d. Her preceptive faculties are more astute than man's, which gives her a power of penetration that he does not possess, and can never acquire while he is a denizen of earth. It is perception that gives the physician the ability to diagnose disease. More than this, it qualifies him for emergencies, when he is called to act on the spur of the moment.

Woman possesses this gift in the highest degree, and is prepared to act without the time required by man for reflection. Again, she will take in the surroundings of a patient a great deal quicker than a male practitioner. She will notice the state of the atmosphere of the room, facilities for ventilation, cleanliness of the linen, etc., with remarkable rapidity and exactness.

3d. A physician must have a sympathetic nature. He must be touched by human woe. The doctor who has a frigid temperament and is hard-hearted, does not love children, and is not moved by the cry of anguish often uttered by a suffering patient, is not a perfect disciple of our honored Æsculapius, and he had better seek some other occupation than medicine. Woman is naturally endowed with sympathy. It is a part of her being. She always desires to alleviate the distressed, even though the sufferer, man, be the cause of all his misfortunes. The wail of agony to her is like a tocsin of war to the patriot who loves his country, and flies to its rescue when it is assailed by ruthless foes. In fact, it has been said of her, that she is to this world what angels are to the next—a messenger of peace, of friendship, of love, of all that goes to make life better and our stay here more pleasant. Without her this terrestrial planet would be an arid desert and a barren waste. She is never more at home, never more happy than when cheering her fellow traveler on in the great battles of life, and always seeking to dispel the gloom that settles over them when adversity and corroding care gather around and darken their pathway. It seems, however, to be her special province to administer comfort to the sick, to sponge the fevered brow, and, when death comes, if it should do so, to stoop tenderly over the couch and catch the last faint whisper that is breathed forth from quivering lips, ere the spirit has departed to celestial regions. If it is a fact, then, and none will dispute it, that woman is well qualified for a nurse, why should she not go a step further and administer the panacea that will restore life.

4th. Woman is preeminently a devoted being. Whatever she undertakes to do she does with every energy of her soul. The reforms of the day are largely indebted to her



for their success. Her devotion to the man that she has sworn at the hymenial altar to love, is but an example of her loyalty to plighted faith and solemn vows. You may depend upon it when she enters a profession like medicine, that she will not stop short of success in its practice. She is one-ideaed, so far as homage is concerned, at least, and it is one-ideaed people who prosper in the profession they have chosen. It may be set down for a fact that no patient will ever die for the want of attention, if they employ a lady physician.

5th. There is no denying the fact that a certain amount of what vulgar people call blarney, is necessary to success in medicine. A doctor frequently comes in contact with persons who are disposed to be melancholy, and who think that they are on the verge of the grave, when they really enjoy a tolerable degree of health. Of course it is the physician's duty to dispel the dark cloud that overcasts the patient's mind. This he can do with cheerful words, and by letting into the deep recesses of his heart the genial rays of a beaming countenance. Women have more sunshine in their nature than man, and are prepared by reason of the buoyancy of their spirits to treat just such patients.

6th. Woman does not break down her constitution by the use of spiritous liquors, tobacco, etc., like man, and therefore possesses the physical endurance necessary to practice medicine. Physiology teaches and experience demonstrates that she can also lose sleep better than man.

7th. There is another qualification of women for medicine, however, to which we wish to call your special attention, and upon which we desire to place a great deal of stress. It is her peculiar fitness for treating her own sex. Woman should certainly be woman's physician. This proposition is self evident, and scarcely needs an argument to sustain its validity. Lady patients are naturally modest, and often suffer some private ailment for long dreary months rather than make it known to even their family doctor, with whom they have been acquainted for years. This is no chimera of the brain, no idle fancy of the imagination, but a fair statement of a fact, known to every physician of experience. In obstetrics, too, woman's sex is in her



favor when it comes to acting the part of a midwife. We may safely say that ninety-nine in every one hundred women will prefer a lady doctor in such cases. In the treatment of children they transcend man. We would like to say a few words on this point, but have not the space to do so. It is an axiom that will not be controverted by persons of observation. We have thus briefly noted some of the characteristics that fit women for physicians.

We now pause and ask this question: What remains to prevent them from stepping into the ranks of the medical profession? Nothing in the world but the stern usages of human society. These, thank Providence, have been overcome, and no longer continue in woman's way to glory and a justly deserved renown as a practitioner of the sanitive art. The angels in heaven as well as the pioneers of an advancing civilization on the earth, do certainly rejoice at this consummation of their long cherished desires.

To lady physicians already in practice, we have this to say: Be true to yourselves and true to your patients. Prove to scoffers that you are able to compete in practice with your brother practitioners, and are, in every sense of the word, deserving of the appellation of doctor—the highest title ever conferred on man. You will then receive in the last great day the benediction of the conscientious performance of duty—Well done!

---

## Book Reviews.

After a careful examination of Dr. M. M. Eaton's new book on "Diseases of Women" (a handsome volume of nearly eight hundred pages), I am truly grateful for the addition of it to my library; and I am not surprised to find the book already in the hands of the fraternity.

The fullness of its information will make it indispensable to the Gynæcologist, and its practical utility can scarcely be overrated.

The Description, Etiology, Pathology, Diagnosis, Prognosis and Treatment are carefully kept distinct, thus saving much time to the student and the practitioner.

As a rule, only the important points in each subject are handled, and all tedious minutiae dispensed with.

Some of the principal features of the volume are: its completeness in surgical as well as medical diseases of women; its Homœopathic indications for remedies in each affection; the clear arrangement; the amplitude of the general index, and the numerous and original illustrations, with an alphabetical list thereof.

The chapters on Instruments, Ovarian Tumors and Ovariectomy are fully up to the times. The one on Inversion of the Uterus (its interest to medical jurisprudence) makes it a very interesting chapter; also, the chapter on Areolar Hyperplasia of the Uterus (because of its prevalence).

There are many new ideas advanced; some especially interesting in regard to moles in the uterus.

Great diligence and extensive research have evidently been devoted to its preparation.

In no other profession are the results of the labor, thought and experience of past generations so sacredly preserved, or of such incalculable value. How grand the thought, that thousands of years and millions of lives of toil have brought their rarest, richest treasures to the storehouse of to-day!

The compiling of scientific data for the good of humanity does not detract from but adds to the substantial value of any work.

Those whom we generally call cultured have their minds enriched and strengthened by the thoughts and experience of others.

The language is concise and to the point.

The author evidently asks nothing for himself, but everything for Science.

The Publishers' work reflects great credit on themselves.

The paper is beautiful. The legible type is friendly, even to the oldest eyes; while the binding is all that could be desired.

We hope this volume will meet with a hearty reception by the Profession.

MRS. M. B. PEARMAN, M. D., St. Louis.

## Books and Pamphlets Received.

---

**MINING REVIEW**, Rich Hill, Mo., a weekly, Thomas Irish, publisher.

**REMARKS ON PEPSIN**, by J. S. Hawley, A.M., M.D., Brooklyn, New York.

**NATIONAL CITIZEN AND SOLDIER**.—N. W. Fitzgerald, Editor, Washington, D. C.

**OFFICIAL REGISTER OF THE PHYSICIANS AND MIDWIVES**, to whom certificates have been issued by the Illinois State Board of Health.

**SURGICAL TREATMENT OF NASO-PHARYNGEAL CATARRH**, by D. H. Goodwillie, M.D., D.D.S., New York. Reprint from *The Medical Gazette*.

**HOME MADE TREATMENT**.—A tract for popularizing Homœopathy, and a most excellent one it is verily. Published by W. F. Towns, 486 Harrison street, Boston, Mass.

**HYGIENE OF CATARRH**.—Hygiene and sanative measures for chronic catarrhal inflammation of the nose—throat and ears. Part I. pp. 174, by Thomas F. Rumbold, M.D., St. Louis, Mo.

**A DAILY NEWSPAPER** from Denver giving a full report of speeches, and resolutions passed by the Colorado brethren on the occasion of the Hering Memorial, October 10th.

**ADDRESS** delivered before the Joint Convention of the Western Academy and Minnesota Institute of Homœopathy, Minneapolis, June 10, 1880, by G. S. Walker, M.D., St. Louis, President of the Academy.

**A GENERAL SYMPTOM REGISTER OF THE HOMŒOPATHIC MATERIA MEDICA**, by T. F. Allen, M. D., New York, being a complete index to the *Encyclopedia of Pure Materia Medica*. 8vo, 1321 pp. Boericke & Tafel. 1880.

**ON THE PURSUIT OF CERTAINTY IN MEDICINE**, by Dr. Yeldam—being the presidential address—delivered at the meeting of the British Homœopathic Congress, held at Leeds, Sept. 9, 1880. Reprint from the "Monthly Homœopathic Review."

**TRANSACTIONS OF THE ELEVENTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN**. A nice volume of 137 pages, containing several papers of great value. R. B. House, General Secretary. Thanks!

**TRANSACTIONS OF AMERICAN INSTITUTE OF HOMŒOPATHY FOR 1880**.—J. C. Burgher, Pittsburgh, Secretary. A really beautiful volume, with gilt lettered back. A great improvement on the old paste-board covers; cut square with the reading paper.

**PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO**.—Sixteenth Annual Session held at Cincinnati, May, 1880. J. A. Penn, M.D., Secretary. An elegant volume of 100 pages, containing several papers of great merit from which we shall make extracts.

**LIGHT IN THE PUBLIC SCHOOLS.**—By C. J. Lundy, M.D., Professor of the eye and ear and throat, in the Michigan College of Medicine, and surgeon in charge of the Michigan Free Eye and Ear Infirmary, Detroit. Reprint from the report of the Michigan State Board of Health.

**EATON ON DISEASES OF WOMEN.**—Illustrated. A treatise on the medical and surgical diseases of women, with the Homœopathic treatment fully illustrated. By Morton Monroe Eaton, M.D., Cincinnati, Ohio. Boericke & Tafel, New York and Philadelphia. A very handsome book indeed of 782 pages in the highest style of the publisher's art. An ornament to any man's library. A review to follow.

**DRUG ATTENUATION.**—Its object, modes, means and limits in Homœopathic Pharmacy and Posology by the Bureau of Materia Medica, Pharmacy and Provings in the American Institute of Homœopathy, 1879-1880. J. P. Dake, M.D., Chairman. Reprint from Trans. of the Institute. One copy from chairman of the Bureau, and a second (a corrected copy) from Dr. Conrad Wesselhoeft, of Boston.

**REPORT OF THE BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.**—Session of 1880. By Bushrod W. James, M.D.; Philadelphia, Chairman. We are pleased to receive these reprints of reports. It is very proper that they should be distributed outside of the Institute members.

**JOHNSON'S THERAPEUTIC KEY** (tenth edition), revised, improved and enlarged. By I. D. Johnson, M.D., author of Guide to Homœopathic Practice: Boericke & Tafel, New York and Philadelphia. This is the banner book for its size, and is used by more great doctors than any other, as a ready and reliable resort in an emergency. It is greatly improved, and is likely to run through ten more editions. All young doctors should buy it.

**REPERTORY TO THE MODALITIES** in their relation to temperature, air, water, winds, weather and seasons, compiled and arranged by Samuel Worcester, M.D., Salem, Mass., Lecturer on insanity and its jurisprudence, at Boston University School of Medicine, etc., etc.—Boericke & Tafel, New York and Philadelphia—This work of 160 pages is something new and in a new field. It is just in time to meet the demand for more light in this direction, and we welcome it heartily and thank the publishers for its coming.

---

## Editor's Drawer.

---

For the next three months Dr. S. B. Parsons is President and Dr. J. P. Frohne Vice-President of the St. Louis Society of Homœopathic Physicians.

**THE ST. LOUIS HERING MEMORIAL**, as far as heard from, was the largest held in the world, and the tributes and eulogies were models of elegant diction and classic oratory.

**EUGENE A. GUILBERT, Jr.**, formerly of Dubuque, Iowa, has been elected Valedictorian unanimously by the graduating class of 1880-81 in the St. Louis College of Homœopathic Physicians and Surgeons.

THE *Orgnnon* will suspend on *New Year's Day* unless it doubles its circulation, say from 20 to 40. (?) It's too much to expect. Cause of death: too much *Lac. caninam* by a SWAN. Duncan says that's hard on the Legion of Honor.

TROMMER'S EXTRACT OF MALT.—No preparations have been able to drive this from the market, or even diminish its sales. Its manufacture is not equal to the demand. All this is owing to its great excellence and to its being exclusively advertised in the best medical journals of all schools.

JOHNSTON'S FLUID BEEF.—We call attention to the two fat cattle standing on the top of the last page of our Ads. It is of such as these that Johnston uses; no other need apply. And thus we account for the rapid sales of his Fluid Beef. Sold by Robt. Shoemaker & Co., Philadelphia, and in this city by Richardson & Co.

IN OUR DISSECTING ROOM.—John Morgan, a Scotchman, aged 57, had died of Emphysema. The Pectoralis Minor muscles on both sides were found completely torn across, evidently the result of the strong muscular efforts put forth to get his breath during his last sufferings.

In the same man there was found a shingle-nail imbedded under a spicula of bone on the lower and inner aspect of the Radius. At this point a bridge of bone had been thrown across to the ulna, and there formed an artificial joint, so that the rotation of the Radius upon the ulna was preserved unimpaired. He, furthermore, had an aneurism in the ascending portion of the arch of the aorta, and bony plates between the arterial coats at that point. Another man had but one kidney, another but one testicle—either scrotal or abdominal. Perfect sets of teeth are common.

#### LETTER TO PROF. UHLEMEYER.

ST. LOUIS, Oct. 6th, 1880.

In reply to your letter of the 3d, I want to state that I shall be very glad indeed if all the promises you make concerning the college will be true. Such a college, which finds its only duty to make good physicians, and which, under no circumstances, will grant diplomas except to fully qualified applicants, is just the thing we need. We have no use for dunces any more, but want good physicians, no others. We don't care if you throw them out by the dozen, give us few, but let those be good, and the college will do honor to itself and as fully to the profession at large. But, my dear friend, why don't you go a step further, and make a preliminary examination obligatory? I don't believe, and nobody else will, that a man who enters a medical college, without a literary education, can make an educated physician. This is impossible. The word "Doctor" means a learned man, therefore let all your new doctors be learned in the true meaning of the word. Let your school help with all its power to raise the standard of Homœopathic Physicians, and if it does so, never mind what your enemies do or say, it will stand and grow.

Yours fraternally,

ST. PAUL, ILL. Oct. 6, 1880.

F. B. HOERMANN.

**DIED.**—Dr. A. O. Hardenstein, of Vicksburg, Miss., aged 74.

Vicksburg is a good opening for a good Homœopath. Dr. Harper is the only one occupying the ground.

**REMOVED.**—N. ZILLIKEN, M.D., from Milton, Ill., to Chester, Ill.

P. B. HOYT, M.D., from Paris, Ill., to Norwalk, O.

Dr. R. O. CHAMBERS, Bentonville, Ark., to Prairie City, Bates Co., Missouri.

MRS. SUSETTE ERHMAN DUNLEVY M. D., from Richmond, Ind., to Brooklyn, N. Y.

HERBERT C. CLAPP, M.D., of Boston, has just written a new book entitled "*Is Consumption Contagious, and can it be Transmitted by Means of Food?*" Otis Clapp & Son will publish it in November. We want to see it. Dr., it has arrived.

PROF. JNO. W. DOWLING, Dean of the N. Y. Hom. Coll. has given up the chair of Theory and Practice, and taken a newly created chair, that of Physical Diagnosis and Diseases of the Heart and Lungs, in same college. In this branch he probably has no superior in this country.

Dr. J. C. GUERNSEY has just forwarded Trans. of Am. Inst. for 1879. He was appointed to do the work left undone by Dr. McClatchey, and he claims to be well advanced with the volume of the Trans. of the World's Homœopathic Convention of 1876. We do hope to see it before we sail for England to the next one in July, 1881.

**ARSENIC IN HEART DISEASE.**—An English Physician, Dr. Lockie, says in regard to arsenic as a cardiac stimulant, that it is believed to be a valuable adjunct to digitalis, in ordinary valvular disease of the heart, where there is failure of compensation, with its consequent results. Further, it seems to be of great value even in fatty degeneration of the heart though that is one of the results of feeding animals with arsenical preparations.

This is pure homœopathy, a splendid illustration. And yet Dr. Lockie doesn't dream of the *how* of the cure, and so calls the arsenic a "cardiac stimulant." Homœopaths know that *Ars.* in 1,000,000th of a grain-doses will cure fatty degeneration of the heart, and for the very and *only reason* that in larger doses often repeated, it will produce fatty degeneration of that organ

**NATURAL HISTORY OF THE TAPE-WORM.**—Measles in the hog is the encysted stage of the *Tænia Solium*. Measly flesh being eaten, the little cysts, which consist of the future head of the mature animal, inverted, escape from the sacs within the stomach, unless previously destroyed by cooking, and attach themselves by their armed heads to the intestinal walls. From this head are developed, one after another, the joints which make up the body of the tape-worm. The first formed or oldest joints, when sexually mature, escape from the intestinal canal, and, being eaten by swine, the ova they contain are set free. During digestion the egg shells are dissolved, and the minute embryos find their way into the tissues again, forming measly pork. In this stage the tape-worm is called *Cysticercus cellulosæ*.—*Am. Naturalist*.

# ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

VOLUME III      ST. LOUIS, DECEMBER 15, 1880.      NUMBER 10.

---

## *TYING THE CORD.*

---

BY J. C. SANDERS, M.D., CLEVELAND, O.

---

To tie or not to tie the cord of the neonatus, that is the question upon which hangs the discussion of this paper.

Recently there has arisen a doubt on this subject hitherto regarded settled, and from this doubt has sprung a practice which contravenes all the teachings of the past, and well deserves the consideration of this body.

Preliminary to the main discussion, I will ask attention briefly to the cutting of the cord.

All agree that the cord should be severed, and at a safe distance from the abdominal front of the child, and to secure this safely, the distance should not be less than two and one-half inches, nor should it much exceed this distance as it would only add cumbrousness to the retained portion. There is no evidence that the cord has sensibility, and therefore, though we first cut at a greater distance than this average, it can be trimmed back subsequently, before or at the time of the dressing. This is to be avoided, however, especially by the tyro, as it would impress the nurse or helper that there had been some carelessness or lack of proper heed in the first cutting.

There is something to be considered in the character of the instrument by which the cord is severed. This is usu-

ally furnished ready for the occasion as a part of the paraphernalia of the little one's toilet, and is generally the best pair of scissors or shears the house affords. Some doctors go armed with this weapon as is the practice of dry goods clerks. The point in the matter is this, shall we cut with a sharp or a dull instrument, with a keen or haggling edge of blade. In short, shall we cut with a keen, sharp instrument or grind the cord off with a dull one, or use for the purpose an ecraseur?

If we ligate the cord it is immaterial whether the instrument is sharp or dull except as to convenience of use, but if we do not ligate, the question is a significant one. If the rule that is to govern shall be not to ligate, then surely the duller the blade the better, the more haggling its cutting edge the more it would approach the ecraseur, which would be the ideal instrument for this operation, as it most nearly copies nature's mode of the cord's division in the dumb beast, which, by its intuition, is taught to grind the cord of its new born off by act of biting. If this rule is to reign let us have a small novel ecraseur manufactured and made the part of every obstetric outfit, and the cord never severed except by its use.

We come now to the main question, tying or ligating the cord. It may be safely asserted, I think, that from time immemorial the practice of obstetricians and midwives has been to ligate the cord incident to its cutting. Shall this old rule continue to prevail, or shall we adopt the modern suggestion and decline to ligate, cut how we may. This surely is an eminently practical question and not unworthy our attention.

My practice and teachings may be expressed in these propositions: first, it is necessary to save, in some cases, from serious and fatal hemorrhage; second, it is always prudent; third, it contributes to the cleanliness and comfort of the first and subsequent toilets; fourth, it is harmless of evil.

We will consider these briefly in their order: First, it is sometimes a necessity to save from serious or fatal hemorrhage. Why not? What are the vessels cut on excision of the cord? The vessels are one vein and two arteries. The



vein by reason of being an affluent vessel with its current towards the heart of child furnishes no source of peril to child from being untied. This we would no more ligate so far as safety as to blood loss is concerned than we would tie the veins in an amputation. The vessels with which we are now concerned are the arteries. These, with the vein, are supported only by a loose, flabby, unsensitive, loosely contractile cellular tissue, if there is besides a muscular tissue it is very delicate, and enveloped by the likewise non-contractile structure of the amniotic and chorionic membranes. Indeed there is in the structure of the cord no firmly environing, contractile tissues in which the severed ends of the arteries may retract and bury themselves, and thus secure occlusion of their orifices. These arteries come directly off from the internal iliacs and are larger than arteries, which in amputation of arm or thigh any prudent surgeon would leave without ligature or torsion. Apart from any reasoning from the nature and conditions of the vessels and surrounding tissues which are cut in severing the cord, in support of the affirmation which we here make, that their orifices may bleed, we have the practical fact that they do bleed, sometimes seriously and sometimes fatally. In the history of my own experience I have known three cases of serious loss even when a ligature had been applied; the ligature in each case was ordinary bobbin instead of cotton or silk cord. The bobbin in furnishing flat and broader surface of compression failed to occlude the vessels sufficiently. These babes in these instances were hearty and healthy, their respiration perfectly established, and they were kindly and tenderly cared for by experienced and intelligent nurses. The hemorrhage was primary, occurring in each case within an hour after ligation, and the ligature was not applied until the respiratory circulation had become well established, as this was always my practice. The loss in two of the cases was so great as to blanch out and make limpid the little ones, and in the other one the loss was even to syncope, though not fatal. These were not cases by any means of depraved blood stasis, or dyscratic, or under the ban of a hemorrhagic diathesis. The children were sound,

plump, firm and hearty babes, of healthy parentage, and when handed over to the nurse were in prime condition. Besides, a second ligation with a firm, fine strand of stout thread put an arrest on all further loss. I am as confident as I can be of anything not absolutely positive, that each one of these cases would have proved fatal but for an opportune second ligation. But my experience with bleeding cords is by no means limited to these three cases. I have seen cords bleed an amount, again and again, startling both to the nurse and myself, and because promptly arrested by a firmer ligation did not exert any especially damaging effect upon the little victim. I am cognizant besides of a case of recent occurrence in this city where a stout, healthy babe bled to death from an unligated cord. The evidence was indisputable and overwhelming.

Face to face with such experiences and facts as these, I am forced to the conviction that the old practice is the better practice; that the modern suggestion is freighted with peril and if generally adopted will prove the needless sacrifice of many a babe to which otherwise life would be possible.

As for me I want no future Rachel weeping for her children and mourning because they are not, through any teaching of mine by voice or pen. I had rather save a life even by excess of prudence than sacrifice it by a bold innovation. I am free to assert that to leave the cord unligated when severed by the ordinary and common scissors, or any instrument of sharp cutting edge, is a culpable adventure and a criminal, because a wilful, neglect, warranted by no proven fact in the status or condition of the new born child.

Second, the ligation of the cord is always prudent. This proposition is but a corollary from that which precedes. If in the nature of things there is no natural bar to blood waste from the severed cord, and if by observation and experience it is verified that hemorrhage may occur or is liable to occur, and does sometimes occur, not seriously alone, but even fatally, then surely a ligature is the dictate of a prudent judgment. If in some cases it is an absolute and necessary safety it rightly may be adjudged prudent in all.

Third, it contributes to the cleanliness and comfort of the first and subsequent toilets. To protect the little one's body surface and its new and renewed garments from the inevitable dribble and drizzle of an untied cord is alone motive sufficient for the ligature apart from any question of protection from danger. Believing as I do that the obstetrician's duty is never discharged toward the child until its first toilet is made, and that however competent the nurse, this toilet should never escape his surveillance. I have had abundant opportunities to witness the soiling and untidiness of both an imperfectly ligated and wholly unligated cord, the necessity of stripping, rewashing and re-adjusting of garments, until I am satisfied that there is abundant motive for the ligature, if only to render this and subsequent toilets neat and tidy.

Fourth. It is harmless of evil or injury to the child. This proposition might rest alone on the simple axiomatic truth that nature is conservative and holds the ægis of protection over the delicate mechanism and life of the new born. But the simple, marvelous provision for the transition from foetal to respiratory circulation puts under this proposition a sure foundation. From a careful examination of this wonderful provision I am free to deny that there is any warrant in the anatomy or physiology of the foetus or the new born child for the affirmation of those who oppose ligation that the ligature entails "the danger of portal congestion and engorgment of the liver." Will these non-ligation advocates please answer where the blood comes from, and by what channel does it flow, by which the portal and hepatic centers are so endangered? It can't be surely what little there is at the moment of incision in the umbilical vein between the cut end of the cord and the edge of the liver, and yet I know of no other source. If this be the only source, is it sufficient to endanger the liver and portal center?

It is an affluent vessel whose current is toward the liver, as anatomy teaches, but it can do no more than empty itself, and cannot refill from any source, and this small quantity is the same blood, right from the placenta, which the liver was designed and made to receive, and up to this

moment has required for the maintenance of its extraordinary nutrition and growth. But is there no provision for this residual quantity of blood so freighted with danger to the portal center? What does physiology teach as to this? It teaches that immediately on the first inspiratory act there is a flood-gate opened from the right ventricle through the pulmonary arteries, and a new and swift current established for all the blood on the right side of the heart toward the capillaries of this vast expanse of lung surface now for the first time opened and outstretched. How is it possible with this afflux through the pulmonary arteries upon the capillaries of the pulmonary cells for the ascending cava, together with the liver, not at once to begin to be disburdened of their accustomed fulness and pressure of blood by a quantity and tension incomparable with the small amount residual in the umbilical vein. Indeed, the umbilical vein would scarcely retain any appreciable amount with this affluent current reaching all through the liver and portal system towards the respiratory cells to secure thereby a better and a perfect arterialization by coming in contact with the oxygen of the inspired air. The idea, therefore, that the liver and portal system can incur "any danger of congestion and engorgement" by the ligation of the cord, is preposterous. How any intelligent man can give his sanction to such an idea, is passing strange. The whole idea is a ridiculous assumption.

Besides this negative result of ligature, of absolute immunity from evil, I believe there is besides another possible advantage in the closing up of the vein by its use in barring, as it must, all access of air to the current of the vein, or any possible viscous secretions gathered up from the vaginal or vulvular surfaces.

My advice and teaching, therefore, are, that to ligate the cord before or immediately after cutting, is a bounden duty on every obstetrician, and to leave the cord unligated, is an unwarranted risk, and a criminal, because an unnecessary and wilful, neglect.—*Trans. Hom. Med. Society of Ohio, 1880.*

## A CORRECTION.

BY W. B. MORGAN, M. D., REPORTER.

DOCTOR VALENTINE, DEAR SIR:—In “extracts from the proceedings of the St. Louis Homœopathic Medical Society, May 12th, 1879,” I am reported as saying that, “I have given *quinine* in 40, 50 and even 100 grains, and it produced deafness, blindness and other *grave* symptoms.” Now I am sure I never said any such thing. As an old school physician, I never prescribed quinine in doses larger than twenty grains; and not often then. My usual dose to an adult was five grains every five or six hours, until three or four doses were taken.

Sometimes ten grains were given two hours after the fever, and repeated two hours before the expected chill. *Nor did I ever produce blindness or deafness with quinine.* In my remarks I was alluding to the practice of old school physicians, a good many years ago, when they thought they could abort typhoid and yellow fever with very large doses of quinine—and spoke of a physician who was charged with giving one hundred grains of quinine at a dose to a yellow fever patient, which produced deafness and blindness. This heroic practice has long since been abandoned, as its pernicious effects were very marked in yellow fever. At the time above referred to, I was just commencing the practice of medicine, and was following the advice of old and experienced physicians. I had typhoid fever myself, and insisted on the abortive treatment being tried in my case; the good and most excellent old physician strongly objected. But I told him that one physician was a fair subject for another to experiment on—so he gave me 40 grs. *quinine* at one dose, about the third day of the fever. For twenty-four hours I perspired so that the sheets of my bed had to be removed, and at the end of the twenty-four hours I took 20 grs. more, and again perspired freely for about twenty-four hours, when the fever returned and continued for five weeks.

“My present way of treating congestive chills is to give *mercury* very often in substantial doses.” I do not give *mercury* at all in congestive chills, much less in substantial doses.

I do not remember of giving *mercury* in larger doses than the first decimal trit. since 1868. When I give *mercury* it is usually the third or sixth trituration, except *Merc. cor.* which I prefer in the 12th trit.

I was referring to my practice in the Charity Hospital in New Orleans, while treating a low form of malarial fever, where the injurious effects of large doses of *quinine* were very perceptible, and I changed the treatment, first giving 10 grs. of *calomel*, following with 10 grs. of *quinine* at intervals of about six hours (as near as I can remember at this late period). The result was, the recoveries were much more numerous than under the previous treatment.

Looking over the notes of Dr. Harris' case, as reported in your journal of November 15, 1880, I am inclined to doubt its having been a case of congestive fever. It might have been a case of rheumatism of the brain, or more likely inflammation of the meninges or substance of the brain itself. I think convulsions are rare in pernicious fevers. Da Costa speaking of the complications of rheumatism, mentions cerebro-spinal disturbances exhibiting themselves by headache, violent delirium, convulsions and coma, and often associated with very high temperature.

In rheumatic fever cerebral symptoms occasionally arise which may be referred to inflammation of the brain, or which, by their prominence, may mislead the practitioner, causing him to regard the signs of the rheumatism as of little importance, if indeed he does not wholly overlook them. And the morbid manifestations are very much like those of acute meningitis; restlessness, headache and violent delirium, succeeded by coma. The delirium is commonly of gradual approach, but it may come on suddenly.

In congestion of the brain, the abnormal state of the brain manifests itself either by coma, or by delirium. In the former case, there is usually preceding stupor with occasional delirium; the pulse is slow and full; the face dull, and either flushed or livid. When, on the other hand, delirium is marked; we have much the same morbid phenomena as in acute meningitis. He may die in this state without coma supervening; but a comatose condition generally succeeds rapidly to the fierce excitement. Should

recovery take place, the delirium gradually ceases. He divides congestive fever into *gastro-enteric*, *thoracic*, *cerebral* and *algid* varieties. The latter is not often seen in this country—common in Corsica and Algeria. The symptoms above quoted are from the cerebral variety.

As our Homœopathic books are very deficient in diagnosis, I will quote from Watson for the benefit of those who have no recourse to old school authorities:

“Congestive fever is marked by a diminished temperature and decreased sensibility of the whole surface of the body, the skin being at the same time soft, contracted, and often clammy, or wet with a copious perspiration.

“When a partial reaction takes place the heat is never considerable, and it is often confined to particular parts of the surface. There are considerable and universal lassitude and debility; the head is confused and affected with vertigo, and sometimes with a deep-seated pain, or a sensation of oppressive weight or tension; the eyes are heavy, suffused and dull; the countenance is haggard, and the face pale, and of a dingy, muddy appearance; the pulse is small, frequent and indolent, or struggling, compressible and variable; the tone of the voice is often changed, the articulation being slow and drawling, or imperfect and stammering. The respiration is anxious and laborious, with frequent sighing. The tongue exhibits, at first, but little change, but soon becomes dark-brown or black, especially in those cases in which the earlier stages of the disease have been marked by some degree of excitement.

“The stomach is occasionally irritable, the bowels are torpid, and when stools are procured, they are dark-colored and offensive, and often attended with tormina and tenesmus. The mind is generally dull, indifferent or confused from the commencement of the attack, and, in the progress of the disease, sinks into a state of more or less complete stupor, or of low muttering delirium.

“The remissions of the fever in the congestive form are not well marked, or rather, there is an entire absence of the febrile exacerbations and remissions, the phenomena of the disease presenting but little other change than a rapid or gradual augmentation in intensity. In fatal cases, death,



which may take place between the fifth and fifteenth days, or even later, is often preceded by hiccough, *subsultus tendinum*, involuntary stools, hemorrhage from the stomach or bowels, *petechiæ*, etc. In the more violent attacks of congestive fever, (algid variety) the system seems, to use the words of Dr. Dickson, to sink at once prostrate before the invasion or exacerbation, which can scarcely at times be called febrile. Reaction does not take place, or very feebly, if at all. The skin is cold, and covered with a clammy sweat, as in the collapse of cholera; the pulse is weak and fluttering; the stomach is very irritable, with frequent and painful, but usually ineffectual, efforts to vomit; the countenance is shrunken, and pale or livid; there is often low muttering delirium, with shivering and fainting. In some cases no complaint is made, a lethargic insensibility seeming to oppress the patient; in others, the most extreme anguish is endured by the miserable sufferer, who, in his agony, often utters groans or loud cries. The vital powers are speedily and irrecoverably exhausted by the recurrence of a few such exacerbations, although the remissions in this class of cases are usually well defined and full of transient relief and hope. The third, fourth or fifth return of the train of symptoms delineated, for the most part, puts an end to the distressing scene."

Hoping that *good*, instead of *evil*, will result from the aforesaid errors, I remain,

Yours truly,

J. C. CUMMINGS, M.D.

---

PROF. LUCKE, of Strasburg, in removing a tumor of the neck, found it closely embracing the pneumo-gastric nerve, a piece of which, twelve centimetres long, was removed with the morbid growth. During section of the nerve disturbances of pulse or respiration were not noticeable, nor did any serious change follow. Sometime afterwards the breathing was easily excited; otherwise it was normal.



*EUREKA SPRINGS, ARK.*

---

BY PROF. JOHN W. THRAILKILL, M. D.

---

EDITOR OF THE AMERICAN MEDICAL JOURNAL:— The medical profession ought to interest themselves in the subject of mineral springs. If they do not the general public will get ahead of them in this matter, for there are too many invalids restored to health at the various watering places, so called, for the public not to take a deep interest in the matter. But it is not my intention to discuss mineral springs in general in this communication, but to say something about Eureka Springs in particular. Most of the doctors, the "regulars" in particular, are opposed to mineral springs *in toto*, because, perhaps, they serve to carry away patients and thereby diminish income; therefore these gentlemen decry the curative springs as humbugs and all who go to them as lacking in some essential mental faculty. Gentlemen, this will not do. Your position in this matter is wrong— wrong in public estimation and will not pay. When the bed-ridden invalid, who has been under your special care and attention "from time immemorial," hears of the wonderful cures wrought by the waters of these springs, and musters up courage, fortitude and money to make a journey there, and stay a few weeks or months, and returns home, sound and well, how ridiculous it makes you with all your learning and curative arts. Why not inspire and help the poor mortal by telling him (a simple truth) that these springs are possessed of many curative virtues, and that they often restore the afflicted to health, after the most skilful doctors have exhausted every resource in vain. Whether the doctors advise it or not, those afflicted with intractible chronic complaints will visit mineral springs, and the doctor, if he would maintain his prestige and influence, should be sufficiently intelligent upon such matters, to be able to give his patients, who may desire to try the effects of a watering place, sound advice.

Eureka Springs is rapidly becoming the most popular watering place in the West. The town, although a little more than a year old, has a permanent population of, per-

haps five thousand, and a floating ditto of as many more, a phenomena which, I believe has never been equaled before in the case of a mineral spring. There is nothing to invite people to come here into these mountains, and build up a town, but the uncommon medicinal virtues of the waters of these springs—that alone has brought fifty thousand visiting people here this year; and still they are coming.

Within a radius of a mile there are about twenty springs, the waters of all of which perhaps, possess similar virtues, but the reputation of the main Eureka Spring is the best established. The question which is so commonly asked is, upon what does the curative virtue of the water depend? All the answers that have yet been given to this question, are mere opinions and hypotheses, and are worth nothing. The water is remarkably pure and good to drink. The mineral ingredients in it are what are common to most spring waters everywhere, only in smaller amount. The chemical analysis of the water have taught us nothing but the quantity of minerals and gases present in it, and there is no evidence that these give it any of its curative properties. The public and the medical profession, especially, have set too high a value on a chemical analysis of the water of these, and perhaps on other mineral springs. The chemist cannot by his art determine the medicinal properties of anything. The only means we have of determining these properties is by actual experiments upon living beings. When we find a rare herb which we suspect to have medicinal virtue, we do not go to the chemist to have it analyzed, but we prepare it and give it to an animal or man and watch the effects of it upon the living economy. The chemist could only tell us how much carbon, hydrogen, nitrogen, oxygen, alkalis, resin, etc., it contained, which information would leave us entirely ignorant of its medicinal value. We know that all spring waters are not alike in their effects upon the life and health of man: that a "change of water" is often recommended by physicians, to the great benefit of the sick. Can the chemist detect these subtle differences? Not at all, except in a few marked cases, where the virtue of the water depends upon the quantity of iron, sulphur, etc., it contains.

What uncommon effect does the Eureka water have upon those who come here, is a legitimate question, and which can be partially, at least, answered to our satisfaction. There are, doubtless, occult changes in the living economy produced by it which we cannot appreciate only in the general result upon the health.

*First*—Upon the bowels. According to my observation, about seventy-five per cent. of those who come to these springs are affected by a looseness of the bowels, varying in the time of its appearance, after their arrival, from twenty-four hours to ten days. This laxative effect varies greatly in different individuals. With some it amounts to quite a diarrhoea, lasting two or three days. But is painless, producing little or no debility, and rarely requires checking medicine. After this looseness subsides it is not succeeded by constipation, but regular, healthy, soft actions are maintained. It is this free and easy action or the alvine evacuations that proves so successful in the removal of piles; many of apparently the most desperate cases of the malady having yielded to the use of the water alone. And it may be that this laxative effect of the water is instrumental in the cure of a great many other complaints.

*Second*—Upon the appetite. There are many people who, even in ordinary health, never enjoy food as they should. They eat as a matter of habit and not of pleasure. If such would come to these springs they would soon find a new source of enjoyment in an appetite—a habitual appetite that makes it a grand pleasure to eat. The constant free and easy movement of the bowels prevents the food, even when eaten in large quantities, from producing that oppression and stupor which it so often does under less favorable conditions.

*Third*—Upon the mucus membranes. These waters have proved more successful in curing diseases situated in the mucus membranes than perhaps any other part of the system. Chronic inflammation and ulceration of mucus membranes yield to the use of the water, in some cases, with astonishing rapidity. Chronic nasal, pharyngeal, bronchial, laryngeal, gastric and vassical catarrhs are among

the most numerous cases cured here. The place is destined to become a great resort for dyspeptics. Many cases of dispepsia are relieved here as if by magic. I have been ashamed of the paucity of my curative arts whilst observing these cases recover so quickly by the use of the water.

*Fourth.*—Upon the glandular system. All who use the water agree that the urine is increased by it. But there is one thing that should be taken into account in this matter; that is, that nearly everybody on coming here drink a great deal more water than they were accustomed to at home, and this fact accounts for the popular belief that it acts vigorously on the kidneys. I am satisfied, however, that the water has a diuretic action which is not common to all water. Its curative effects in Bright's disease, and dropsies, dependent upon deficient action of the kidneys, evinces its diuretic properties. I have had no cases of diabetes under my observation since I have been here. The action of the water upon the liver has not been so well established. I have had under my observation several cases of old hepatic disease (the exact pathological condition of which could not always be made out), and I have yet to see a case of the kind which has been much benefited. Further observation is needed in this matter, to enable me to determine the truth.

*Fifth*—Upon the tegmentary system. The water has attained some notoriety as a cure for skin diseases, but I have no direct testimony upon that subject. It is not unfrequent to see persons who have recently come here have eruptions break out on the skin, but they are gone in a few days. The water is excellent for bathing and cleansing the skin. One of the most remarkable properties of the water is evinced in its effects in restoring lost hair. Quite a number of bald persons have had their hair restored by bathing the head in the water. Ulcers wherever found, are stimulated to heal by bathing therein. There are cases enough of old ulcers here to satisfy the most craving medical student. The effect of the water in diseases of the eye I will have to speak of at some other time, as my article is growing too long.

*Sixth*—Upon the blood fluids of the body. The blood

is purified and maintained in a healthy condition by the several emunctories or outlets for the morbid accumulations which are constantly arising in the system. The kidneys, skin, bowels and lungs constitute these outlets. Water is the most nearly a universal solvent in nature. It is used by those who come here to get the benefit of these Springs in more than ordinary quantities. The water being pure, it readily filters through all the tissues of the body, and literally washes out the impurities from them carrying these out through the kidneys, bowels and skin. Rheumatism is one of the diseases which these Springs are becoming famous for the cure of, and I cannot account for how the water cures this complaint, if the above reasoning does not explain it. Many cases of paralysis have been benefitted and some cured by the use of these waters.

---

*A POSITIVE SIGN OF PREGNANCY DURING THE FIRST THREE MONTHS.*

---

The *Detroit Lancet* contains an article under the above title, in which Dr. Carstens, of that city, refers to this "sign" in the following terms:

"The difficulty of diagnosing pregnancy during the earlier months is well known, and a positive and unfailing sign would be of great value. Reading in a late number of the 'American Journal of Obstetrics' of a discussion, which took place in the Boston Obstetrical Society on this subject, and finding no mention made there, nor in the text books in general use, of a positive sign on which I have always relied, and which, in my experience, never failed to enable me to make a diagnosis, it occurred to me to call your attention to this question. I was under the impression that it was a new, not heretofore described sign, but looking over the literature of obstetrics, I find that it has been mentioned years ago by Jacquemier and Kluege, but it seems to have fallen into oblivion, and is not mentioned in the ordinary text books.

"I refer to the color of the mucus membrane of the vagina and cervix uteri. This, I have always found of a purplish blue, or rather deep violet hue in pregnant women, and I have depended on this peculiar color in making a diagnosis of pregnancy in the first, second and third month. I say it has never failed, and it is not produced by any pathological condition; the different colors produced by uterine diseases cannot be mistaken for this pathognomonic violet hue. I have often called the attention of students to this sign, and in dispensary practice it has repeatedly occurred that women under my treatment of uterine diseases, have not attended for six or eight weeks, and hastily placing them on a table without inquiring about their last menstruation, I introduced a speculum, and was on the point of introducing a probe, or making an application to the uterus, when behold, there was the characteristic color. I desisted from further interference, and in every case which I could keep under observation the women were afterwards delivered at full term, or had a miscarriage.

"I have also been prompted to write this paper on account of a lady under my observation, which puzzled me and the other physicians called, the details of which I shall write up some other time.

"The case was very peculiar, a woman under my treatment for endometritis and subinvolution. During the course of the treatment menstruation ceased, she claimed she was pregnant, but as I had applied various remedies to the mucus membrane up to the very fundus of the uterus, and continued to do so for some months, I insisted that she was not pregnant, and that it was impossible for her to be so. This continued for about five months, she still claiming one thing and I denying it. Well, this woman had the peculiar violet discoloration, and I often asked myself the question, 'Here is a case with the peculiar, and in your opinion, pathognomonic sign of pregnancy, and you say she is not in the family-way, how is this?' The vision of some day writing an article of value for the 'American Journal of Obstetrics' suddenly vanished.

"'Here,' I said to myself, 'is a case with the deep vio-

let hue of the mucus membrane, she has other signs of pregnancy, but she is not pregnant, for you pass your probe readily to the fundus, your sign is not infallible.' But it occurred to me that it might be a case of tubal or extra-uterine pregnancy, and I watched the case with great interest. One day I was called in haste. Imagine my feelings when arriving at the bedside, I found between the thighs of the woman a five months dead foetus with the placenta still inside of the uterus. How unsatisfactory the case was otherwise, it, however, has strengthened my now unfailing faith in the sure sign of pregnancy—the violet hue of the mucous membrane of the genital organs.

"It has been claimed by some that this color of the mucous membrane is found in various pathological states. I claim that the discoloration in the latter case is different from that found during pregnancy; it is more blue and scarlet, mixed or mottled, nor is the peculiar soft velvety condition of the membrane present. I can simply call it violet. It must be seen, and then will never be forgotten. It is probably caused by engorgement of the veins.

"All I ask is that this sign be again looked for and submitted to a rigid investigation, and I am sure the verdict will be that it is the only sure sign we have at present to diagnose pregnancy from the first few weeks up to the fourth month. It has never failed me; I have often staked my reputation on it, but when I failed to heed the warning color, I came to grief."

---

### *ANTISEPTIC SURGERY.*

---

The researches of MM. Gosselin and Bergeron on the mode of action of the antiseptic substances employed in dressing wounds have revealed the fact that blood putrefies more quickly when in contact with carbolic acid than when it is in contact with undiluted alcohol. Hence arises the question whether it is the acid or alcohol that is the true antiseptic. The experimentors are of the opinion that the concurrence of the two substances are useful, the acid to destroy the germs, whilst the alcohol induces coagulation of the blood, and consequently its relative imputrescibility.



## ST. LOUIS MED. SOCIETY PROCEEDINGS.

APRIL 12, 1880.

The essayist not yet having arrived, Dr. Campbell spoke of prevailing eye troubles, as follows :

There is a peculiar epidemic of eye troubles of which I have had some twelve or fifteen cases within the last few days. The eyes become inflamed and stopped up with mucus. Whether the disease is the result of the peculiar weather, or the lime-stone dust in the air, I cannot say. The cases seem to yield readily to *puls.* and *bell.*

Cold days aggravate ear troubles, but why they should cause inflamed eyes I do not know. During the prevalence of measles the eyes of some children, who do not have them, become irritable.

DR. RICHARDSON.—What do you call the disease you have mentioned ?

DR. CAMPBELL.—Conjunctivitis; it is more than hyperæmia.

DR. RICHARDSON.—Do you use any local application?

DR. CAMPBELL.—If the cases are bad I use my favorite unguent warm. I seldom use poultices; if there is corneal inflammation they are fatal to the sight. One of the students has been and is suffering from corneal inflammation. I have no doubt but what a poultice would have destroyed her eye.

## ACTIVE CEREBRAL CONGESTION.

DR. KERSHAW, the essayist, having arrived, he spoke as follows, on Active Cerebral Congestion:

Of Cerebral Congestion there are two kinds, *active* and *passive*, of which the active is the most common. There are three varieties, *apoplectic*, *epileptic* and *maniacal*.

General symptoms are sleeplessness, from too much blood in the brain, throbbing headache, with a sensation as of a band around the head. There is mental derangement, manifested by confusion in thinking, or loss of memory of words, or places, or persons, by hallucinations, illusions, and delusions. The patient becomes irritable, fretful, suspicious; he hears humming in his ears, or shot-like reports, and has vertigo, flashes of light before his eyes, and photophobia.



On examination with the ophthalmoscope the retinal vessels appear enlarged. The pupils are contracted and eyes are painful. The face is flushed and there may be epistaxis. There may be hemiparesis with anæsthesia, as shown by impairment of motive power, and tingling sensation in one or both limbs of one side of the body. Speech is thick and indistinct, labials and linguals being especially difficult to manage. The pulse is slow and full, digestion is imperfect; the bowels become constipated, and the urine scanty.

*The Apoplectic Variety:* The preceding general symptoms may continue, and the first or *apoplectic* variety be developed. The patient will suddenly stagger, lose consciousness and fall. The loss of consciousness is not complete, and lasts but a few minutes or hours. There will be paresis, not actual paralysis. Breathing will be slow and heavy but not stertorous; pulse slow and full. Light noise or pinching of the skin will partly arouse the patient. He may answer a question if asked in a loud tone. This condition passes away slowly, and a dullness remains for several days. The paresis gradually disappears.

*The Epileptic Form.*—The onset of the *epileptic* form is like that of epilepsy, except that there is no aura nor cry. There are convulsions with or without paralysis. The stupor is not as profound as that of epilepsy and the attacks never occur during sleep. If an old person, a severe attack may be fatal.

*The Maniacal Form.*—The maniacal variety is like acute mania with delirium, red-hot face and head, and suffusion of eyes. The patient becomes violent, inordinately active, very irritable, has illusions, hallucinations, and delusions. He is like the subject of *impulsive insanity*, and is apt to do violence, such as homicide or suicide. Stupor follows the attacks. All three varieties may pass off with a stupor or may result in effusion, softening and abscess.

Among the causes are very hot and very cold weather—especially the latter—overwork and the excessive use of drugs, such as *belladonna*, *quinine*, *opium* and *alcohol*.

*Diagnosis.*—The following tables as I have arranged them, may assist somewhat in distinguishing this affection from others presenting simular symptoms:

**CEREBRAL CONGESTION.**

Loss of intelligence not profound.

Slight loss of motion and sensation.

Paralysis seldom confined to one side of the body.

No stertorous breathing.

Symptoms pass off in a short time—comparatively speaking.

**CEREBRAL CONGESTION.**

Pulse and respirations regular and deep.

General heat of head.

Symptoms pass away quickly.

Some premonitory symptoms.  
Recovery usually complete.

May be associated with cardiac disease, but not necessarily so.

**CEREBRAL CONGESTION**

Comparatively rapid onset.

Paralysis gradually improves.

No special aphasic symptoms.

Gradually gets better.

**CEREBRAL CONGESTION.**

No necessary relation to disease of the kidneys.

Convulsions not very common.  
No dropsical symptoms.

Albuminaria not necessarily a part of this trouble.

**CEREBRAL CONGESTION.**

No previous history of brain disease.

Staggers and falls slowly.

Not entirely unconscious.

No special premonitory symptoms.

No premonitory cry.

No injury to the tongue during any stage of the disease.

**CEREBRAL CONGESTION.**

Insomnia.

Contraction of pupils.

Flushed face.

Pulse full and strong.

Strongly acting heart.

Cephalalgia of a throbbing character.

General heat of the skin.

The headache is due to cerebral hyperæmia.

**CEREBRAL HEMORRHAGE.**

Profoundly unconscious.

Marked paralysis and loss of sensation.

Hemiplegia usually marked.

Always present.

Symptoms rapidly get worse or pass away very gradually, and even then seldom disappear entirely.

**CEREBRAL EMBOLISM.**

Pulse and respirations fast and irregular.

None at all, or confined to one spot.

Symptoms apt to continue indefinitely.

None observed.

Recovery seldom complete.

Frequently associated with endocarditis, disease of mitral and semilunar valves and rheumatism.

**THROMBOSIS.**

Onset usually slow.

Paralysis gradually grows worse.

Aphasia frequently observed.

Gradually gets worse.

**URÆMIA.**

Kidney disease the primary cause of the cerebral symptoms.

Repeated convulsions and coma.

Swelling of face and limbs marked symptoms.

Albuminaria a constant condition.

**EPILEPSY.**

Usually a history of this or some other nervous trouble.

Drops suddenly.

Totally unconscious.

*Aura epileptica* observed in numerous instances.

The epileptic cry usually precedes an attack of *grande mal*.

The tongue is usually bitten.

**CEREBRAL ANÆMIA.**

Disposition to sleep.

Dilatation of pupils.

Pale face.

Pulse quick, irregular and feeble.

Feebleness with palpitation.

Sense of confusion, vertigo and fainting.

Chilliness a marked feature of this complaint.

Neuralgia is a common manifestation of this trouble.

## PROGNOSIS.

The prognosis is ordinarily good in patients of good constitution and good habits. The apoplectic form is most dangerous. One attack predisposes to another.

TREATMENT:—Elevate the head and loosen the clothes. Ice to the head benefits some cases, while hot water does others. Heat should be applied to the feet. The galvanic current may be applied to the brain, to cause contraction of cerebral vessels. The patient should live well, and take proper exercise to prevent recurrence.

*Belladonna* is applicable to the apoplectic forms. *Hyoscyamus* is to the apoplectic and maniacal. The *hyoscyamus* patient is more furious and manifests great sexual excitement.

It is a remedy not sufficiently understood. *Chamomilla* is especially good in cases where there is great irritability and sensitiveness; *stram* where there is a desire to run away as if frightened; *coffea* to the milder forms, where there is no more than hyperæmia; *acon.* where there is headache, fever, thirst and fear of death; *nux vomica* to brain workers; *glonoin* where there is reflex irritation, and *veratrum* to cases of greatest intensity, where there are convulsions, chorea, paralysis and anæsthesia.

DR. SANBORN: I would like to know the effect of anæsthetics in cerebral congestion.

DR. KERSHAW: I have had no experience with them. never saw a case where I thought they were required.

DR. CUMMINGS: Congestion may extend to coma. It is difficult to determine the cause in a case of coma, especially if there is no history. Here the thermometer is of no value. Dr. W. Macewan states that in coma from drunkenness the temperature is lower than normal, and that it is also below normal in a fracture of the skull, from opium poisoning, and apoplexy.—*Braithwaite's Ret.* & P LXXIX, page 78.

DR. CAMPBELL: This matter of contraction and dilatation of the pupil is little understood, though so much is said about it. By considering the cause it may be better explained. The third nerve supplies the muscles which

contract the pupil, and the sympathetic those which dilate it. So the location of the congestion or irritation determines whether the pupil will contract or dilate. Congestion of the brain may cause either condition. Congestion, to occasion loss of memory of words, must be in the right region.

DR. KERSHAW: Certainly. Aphasia may result from a variety of causes—congestion, embolism, thrombosis or hemorrhage—and must effect pressure in the vicinity of the island of Reil, markedly on the left side.

DR. RICHARDSON: I would like to have Dr. Kershaw tell us what he means by embolism, thrombosis and cerebral hemorrhage.

DR. KERSHAW: *Thrombosis* is that condition arising from a gradual accretion of particles of fibrin or other substance on the wall of a vessel until the circulation is stopped and the activity of the part beyond is impaired or lost. *Embolism* is that condition arising from a sudden stoppage of the circulation by the lodgment of a clot in a vessel. By *cerebral hemorrhage*, or apoplexy, properly speaking, we mean that blood has escaped from a vessel onto or into the substance of the brain. The effects of thrombosis appear gradually while those of embolism come on suddenly, and are more frequent in people having heart disease. The effects of hemorrhage appear suddenly, but not so much so as those of embolism.

DR. PARSONS: A question has been asked concerning the use of anæsthetics during cerebral congestion. I have never known of their being given, but as I was about to trephine a patient suffering with epilepsy from depressed bone, as I supposed, I gave *chloroform*. The result was the most terrible convulsion I ever saw. It lasted fully ten minutes, and it was half an hour before the patient rallied. The stertor was the deepest I ever heard, the pupils were dilated, the pulse and breathing were very slow, the face dark red, and I thought the patient would surely die; but he finally rallied. I operated and the epilepsy was cured. This is the only instance where I have seen the effect of an anæsthetic in epilepsy. They are sometimes given in puerperal convulsions with benefit. Anæsthetics,

especially *chloroform*, produce congestion of the brain, and are contraindicated during its existence.

We have congestion of the brain from the exanthemata and from intestinal irritations. What is the treatment? I have never relied exclusively on internal remedies. Topical applications are most important, and friends are not satisfied unless they are used. I used to apply cold water, but lately I have used hot. I never blister nor bleed, but sometimes put a mustard plaster on the body. Sometimes a change from cold to hot, and *vice versa*, produce benefit when neither alone would. Again, there are cases of congestion that last for days and weeks in spite of us. I would like to have Dr. Kershaw tell why we cannot relieve them.

DR. KERSHAW: In all diseases we meet with cases that do not prosper. Undoubtedly external applications palliate, but the longer I live, the more I value Homœopathic remedies; and I think they are to be especially sought out and relied on in hard cases. Many of the old cases that come to us have received all the tonics and palliatives from allopathic physicians, and come to us for a change, and in homœopathy we can frequently give them one which is beneficial to both the patient and to the school to which we belong.

---

### SERIOUS EFFECTS FROM THE USE OF THE ASPIRATOR.

---

The "Medical Record" reports a case of fecal fistulæ in the anterior wall of the abdomen, following the use of the aspirator for the relief of retention of urine. The point at which the needle was introduced was midway between the pubis and umbilicus, and instead of drawing urine withdrew fecal matter. Afterward the needle was introduced lower down and the bladder emptied. The result of the first aspiration was a permanent fecal fistula. Two others formed a year afterwards.

Abscess and death are other results that have both followed closely in the wake of aspiration for retained urine, and were attributed to the failure to keep up aspiration while the needle was being withdrawn.

**NEURAL-ANALYSIS—AN INTRODUCTORY  
COMMUNICATION, BY PROFESSOR DR.  
GUSTAV JAEGER, OF STUTTGART.**

TRANSLATED BY DR. J. PETER FROHNE, ST. LOUIS.

GENTLEMEN OF THE ST. LOUIS SOCIETY:—I beg to call your attention to the following preliminary communication of Prof. Gustav Jaeger, of Stuttgart, in regard to "Neural-Analysis." By way of exact scientific experiment he has succeeded in establishing that the homœopathic dilutions, prepared in accordance with Hahnemann's directions, are real medicinal potencies which by no means can be attributed to fancy.

We may rejoice in this late and brilliant justification of Hahnemann, though we dare not give ourselves up to the illusion, that all empty talk shall now be silenced.

"This chemico-physiological mathematically exact method of investigation, which was discovered by me, a report of which I presented at the Nat. Phil. Convention, held at Baden-Baden last year, has since then, received further investigation from me, as well as from my three students, Messrs. Panzer, Schlichter and Goehrum, being followed by the same principal results.

1. The principal conditions upon which the preliminary-physical examination depends, are now known. These are of such character that, with some practice and care, they may easily be complied with. The certainty of neural-analysis will be still more assured when the new instrument, now being constructed, is completed.

2. In regard to the penetrative power, the following has been established: An alcoholic dilution of *aconite*, given by inhalation, in all dilutions, up to the 200 x, may always and with certainty be distinguished from the pure *alcohol* with which the dilutions were made.

The highest potency gives, in comparison with *alcohol*, an increase of excitability (according to the individual) of from 18 to 36 per cent. With *thuja*<sup>100 x</sup>, the increase of excitability was 44 per cent. With *nat: mur.*<sup>100 x</sup>, 44.6 per cent. against that of pure *alcohol*.

3. Regarding the power of differentiation the following was manifest;

(a) The 200th potency of *aconite* and the 400th potency of *thuja* always gives clearly different neural-analytic curves (osmogram), from which we may infer the possibility of a qualitative analysis, of other homœopathic high potencies.

(b) The quality of the osmogram is independent of the quality of the inhaled fluid, and of the size of the evaporating surface.

(c) The quality and quantity of the osmogram, however, varies with the change of potency, but so gradually that two neighboring potencies cannot with certainty be differentiated. On the other hand, widely separated potencies show such clear and constant differences, and nearly related potencies, such great similarity, that, in relation to the degree of homœopathic dilution, a quantitative analysis is also possible. With the present remedies, the high, middle, and low potencies are readily distinguished from one another.

(d) Notwithstanding these changes with increasing dilution, the osmogram shows with all potencies of the same substance, some underlying agreement.

4. The differences between the osmograms of the different substances and of decidedly different dilutions of the same substance are, when compared with the differences in the osmograms of the same substance, many times greater and more striking than by any of the previous methods of exact investigation.

5. From the physiological standpoint the following results are important:

(a) The physiological action increases with the dilution up to a certain maximum. With *aconite* this maximum was found, in three persons, to be undoubtedly between the 12th and 15th potency. With one of these an almost equally high susceptibility was observed in the 30th potency, and with another in the 200th potency.

(b) This maximum may be of a most astonishing height, thus: with one person the sensitiveness to the 15th potency was 39 per cent., and with the 200th potency 36 per cent. To this was added, when the maximum was reached, other



physiological indications, such as nose-bleed, roaring in the ears, vertigo, headache.

(c) After exceeding the maximum, the physiological action sinks with the increasing dilution, though with all examined individuals it remained as great even in the highest potencies as with the lowest potencies, and especially with the tincture.

(d) The idiosyncratic differences between the four persons, as related to *aconite*, are quantitatively small, qualitatively greater. With two persons it was observed that, in consequence of indisposition, a still greater difference in the osmograms was produced, it being a well-known fact that drugs act differently, according as the person is well or sick.

From the above it follows: 1. That neural-analysis reaches far beyond, in analytical power, every other known method of investigation, even spectrum-analysis, and with it must begin a new era of exact investigation.

2. Neural-analysis advances our appreciation of the subdivision of matter even as greatly as the invention of the telescope did our appreciation of the greatness of the starry heavens.

3. The dilution of a soluble material in a liquid which develops, in the first place, a similar change in the molecular motion to that which Crookes has demonstrated in gases which have been extremely rarefied under the air-pump. I look upon this change in the molecular motion as being gained at the cost of actual heat, originating through an elevation of the latent heat, that is to say, a rotation of the molecule around its own axis (in contradistinction from the forward motion of the molecule in space), which rotation I have demonstrated as the "chemical motion." This it is which we smell and taste, and which, through neural-analysis, is measured.

4. The mathematically constant and mostly readily observed increase of the physiological action of the drug, developed through potentization, raises Homœopathy by one stroke to the rank of an exact physiologically-based method of cure, of equal birthright with Allopathy. The systematic study of Homœopathy, heretofore impossible, even in our



high schools, is now put in the light of the possible through neural-analysis, and is placed within the judgment of every man, and by neural-analysis has been made worthy a position in the universities.

More extended publications with the appropriate tracings and tables will soon be issued.

*November 22, 1880.*

---

*ADDRESS.*

---

BY H. W. TAYLOR, PRESIDENT.

---

Read at the 14th Annual Session of the Indiana Institute of Homœopathy, Indianapolis, Ind., May 25th, 1880.

GENTLEMEN OF THE IND. INST. OF HOMŒOPATHY:

We are not merely Homœopothic physicians, we are citizens of Indiana. We have rights and privileges guaranteed to us by our constitution, in which we should be protected by the laws of our State. Our General Assembly is elected in part by the vote of 28,000 Homœopaths. It is thus in part the legislative exponent of 140,000 Homœopathic citizens; of 28,000 Homœopathic voters, and \$140,000,000 of Homœopathic property. This General Assembly, every two years, appoints twelve medical men to positions of trust and profit within the State. Shall they continue to disfranchise these 28,000 Homœopathic voters by denying them representation in medical appointments? Shall they continue to tax these \$140,000,000 of Homœopathic property to pay the salaries of Old School appointees and to maintain the medical departments of State Institutions, from which Homœopathy is zealously excluded? Shall Indiana, scorning as she does, a State Religion, uphold a State Medicine?

The Constitution of our State declares that the General Assembly shall not grant to any citizen or class of citizens privileges or immunities which, upon the same terms, shall not belong equally to all? Shall our General Assembly, by making its appointments from one School, in defiance of the Constitution, continue to create and foster a privileged class in medicine?

**AMERICAN INSTITUTE OF HOMŒOPATHY.****BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS.**

OFFICE OF THE CHAIRMAN, IOWA CITY, IOWA, SEP. 10, 1880.

A. C. Cowperthwaite, M.D. Ch'm.

E. A. Farrington, M.D., Phila.

T. F. Allen, M.D., New York.

J. Heber Smith, M.D., Melrose,  
Mass.

Kate Parsons, M.D., Cleveland.

Wm. Owens, M.D., Cincinnati.

E. M. Hale, M.D., Chicago.

W. J. Hawkes, M.D., Chicago.

W. H. Leonard, M.D., Minneapolis.

Lucius D. Morse, M.D., Memphis.

O. S. Wood, M.D., Omaha.

DEAR DOCTOR:

Your attention is hereby directed to the plan adopted for the work of this Bureau, the present year, to be reported upon at the session of the Institute, in June, 1881.

The Bureau will pursue a systematic study of the following named drugs: CALADIUM SEGUINUM, PAPAYA VULGARIS, and VIBURNUM OPULUS.

These drugs will be studied with special relation to their (1) *History*, (2) *Pharmacology*, (3) *Toxicology*, (4) *Proving*s, (5) *Mode of Action*, (6) *Clinical Application*.

To facilitate the work of provings, each drug will be placed in the hands of a sub-committee, under whose direction the provings of that drug will be conducted. These sub-committees are constituted as follows:

CALADIUM SEGUINUM—E. A. Farrington, M.D.; T. F. Allen, M.D.; A. C. Cowperthwaite, M.D.

PAPAYA VULGARIS—E. M. Hale, M.D.; W. H. Leonard, M.D.; J. Heber Smith, M.D.; L. D. Morse, M.D.

VIBURNUM OPULUS—W. J. Hawkes, M.D.; O. S. Wood, M.D., with the invited co-operation of Prof. H. C. Allen, M.D., of Michigan University.

In addition to these committees, Miss Kate Parsons, M.D., has been selected to obtain provings of each of the above named drugs upon women.

The profession at large are cordially invited to participate in the important work of proving these remedies. Those willing to do so, and those who may be in possession of any items of information concerning the history, pathogenesis, or therapeutics of either of these drugs, are requested to communicate at once with the Chairman of

Bureau. Reliable preparations of both Caladium and will be obtained by the Chairman direct from the of Jamaica, and furnished to those who signify ngness to assist in the provings. Reliable pre- of Viburnum may be obtained at any Homœo- macy. No standard of quantity or potency has adopted, the preparations used being left entirely to individual preference of the prover.

Your attention is especially directed to the fact that the final reports of all provings must be in the hands of the Chairman prior to the first day of March, 1881, and *no attention will be paid to any reports arriving after that date.* This becomes necessary from the fact that such reports must be printed and in the hands of each member of the Bureau before the 15th of March, in order that they may be able to prepare from these reports their special papers as hereinafter designated.

The reports of provings in full will not be read before the Institute, but will be printed and distributed to members, and will appear in the printed transactions.

Special papers, relating to the drugs proven, will be presented for discussion, as follows:

History and Pharmacology—E. M. Hale, M.D.; J. Heber Smith, M.D.

Toxicology—L. D. Morse, M.D.; O. S. Wood, M.D.

Critical Examination of Provings—T. F. Allen, M.D.

Differential Diagnosis—E. A. Farrington, M.D.

Arrangement of Schema—A. C. Cowperthwaite, M.D.

Mode of Action—Pathogenetic and Therapeutic—Wm. Owens, M.D.; W. J. Hawkes, M.D.

Primary and Secondary Action, and Action on Genito-Urinary System—W. H. Leonard, M.D.; E. M. Hale, M.D.

Action on Female Generative System—Kate Parsons, M.D.

It is needless for me to urge upon the profession, and especially upon the members of the Bureau, the great importance of the work here undertaken, and I confidently rely upon the cordial co-operation and active assistance of every lover of a complete and pure Materia Medica.

Fraternally yours,

A. C. COWPERTHWAIT, Chairman.

## Surgical Bureau.

In Charge of S. B. PARSONS, M. D., Surgeon.

### *BLOOD-CYST OF THE HUMERUS.*

BY S. B. PARSONS, M. D.

The variety of this affection, the very satisfactory termination of a case not long since under my care, induces me to report it in these columns to show that amputation is not always necessary to its successful treatment, and perhaps throw some additional light on a very obscure complaint.

A. E., æt. 17, German, farmer's boy. About the middle of September, 1878, noticed a swelling in the upper third of the right humerus. He could not account for its appearance, as there was no history of any injury having been received from a blow, fall, etc., etc.

For a month before the tumor appeared he had suffered from chills and fever, for which quinine and mercury were given him *ad libitum*, but were checked just before the tumor manifested itself. It continued to grow without the slightest pain until he presented himself at my office for treatment, in July, 1879, when the following was observed:

The growth was about the size of a large sized orange; not tender, painless, hard and resisting, not unlike a fibroid—not elastic like an encephaloma—enlarged and prominent veins in the skin covering it, skin not adherent to it, and natural in color, firmly fixed to the bone, its circumference measuring seven inches longitudinally by five inches transversely. Motion at the shoulder joint is somewhat limited by reason of its mechanically obstructing the free play of the structures surrounding it, but the joint is not involved. When the forearm is flexed the biceps muscle is felt contracting behind the tumor, and the brachial artery is pushed backwards to the posterior region of the humerus. The deltoid muscle is spread out over the front of the tumor and is easily seen in action when the arm is raised at the shoulder.

His general health is not very good; complexion sallow and dingy as is usually observed in malarial patients. There are no signs of cachexia from malignant disease, nor does the family history reveal such to have existed in his progenitors.

A former surgeon had diagnosed his case as one of cancer, and advised amputation as the only remedy.

With the above history before me I did not agree with this conclusion, for the case presented none of the differential diagnostic symptoms of encephaloma, nor scirrhus, nor epithelioma, nor melanoid, nor any other malignant disease. Nor had it the signs of a scrofulous growth, nor fatty, nor the ordinary fibroid, nor abscess, nor cystic tumor. My opinion leaned toward the recurring fibroid.

The patient was sent to the Good Samaritan Hospital, and on the 5th of July, assisted by Drs. Collison, Gundelach, Comstock and Harris, I operated with all antiseptic precautions. Chloroform having been administered, I made an incision six inches long directly over the center of the tumor from above downwards, and dissected carefully until I reached the growth, then retracting the edges of the wound began to separate it from the surrounding structures with a view to its isolation, intending to remove it by chiseling off a portion of the bone to which it was attached. On reaching the inner side the thinned wall gave way and my fingers penetrated the opening into a large cavity. Finding that it was of a cystic instead of a solid nature, I split it longitudinally in front, exposing to view a cavity four inches long by three and a half wide, filled with a dark, thin blood, which did not coagulate on exposure to air. The walls consisted of a thin lamella of compact bone posteriorly, and partly on the inner and outer sides, whilst anteriorly it was formed by a thick hard connective tissue with bone scales scattered here and there throughout and embedded in its substance. The inner surface of the posterior and lateral walls was rough and appeared to be divided into small irregular depressions by elevated projections of bone, giving it somewhat of a honey-comb appearance. The medullary canal and cancellated bone tissue was entirely absent, and when the tumor was removed down to the true bone walls nothing was left

of the humerus but a thin layer of its compact structure posteriorly. The cavity was sponged clean with carbolized water, and the pure carbolic acid brushed over the remaining shell of bone. The cavity was stuffed with carbolized lint and the wound stitched. The antiseptic dressing was carefully carried out to the end, not a single unfavorable symptom appearing during the treatment, and in four weeks the patient returned home with a good arm, the cavity having become filled with a dense cicatricial tissue. He was cautioned not to use it for another month for fear osseous deposits might not go on rapidly, and a slight wrench or blow or strain was liable to snap the fragile bone at the seat of the tumor. I have since heard from him and am pleased to say that there has been no sign of its reappearance, although he has been at hard labor for over a year, using the arm constantly.

---

#### *A NEW METHOD OF APPLYING PRESSURE IN TRAUMATIC ANEURISM.*

---

Dr. R. B. Palmer, Minn. reports a case of traumatic aneurism of the lower femoral, resulting from a knife wound, in which he used a Plaster of Paris bandage to facilitate the application of pressure to the artery. A roll of course, thick Mackinaw flannel, six inches wide and long enough to envelope the thigh and lap over two inches, was soaked in a mixture of plaster, and applied to the thigh over the tumor. An opening was cut in this band directly opposite the femoral just below the profunda, where the pressure was desired. As soon as the plaster had set, a piece of cork, properly shaped and covered with chamois-skin, was pressed down upon the artery through this aperture, about an inch of the cork being allowed to project outside the band. A roller-bandage of stout elastic webbing was then applied around the thigh, outside the plaster band, and over the projecting cork compress, the tension being increased at every turn, until pulsation in the popliteal space could no longer be felt. The apparatus was allowed to remain *in situ* for twenty-four hours, with very

little inconvenience to the patient. On loosening it there was no return of pulsation, and coagulation of the contents of the tumor seemed to have taken place. In a few weeks the tumor entirely disappeared and gave the patient no further trouble. Dr. Palmer has also employed this method, with success, in treating secondary hemorrhage from gun-shot wounds and after amputations, when long continued pressure is necessary.

No doubt it will be found useful in wounds of the palmar arch, applied either directly over the arch, or on the front of the wrist over the radial or ulna, artery or both. And in injuries of the plantar vessels it may serve a useful purpose. Apply the cork near the wound or over the posterior tibial where it passes behind the internal malleolus.—*Chicago Medical Journal.*

---

### *VASELINE OR COSMOLINE.*

---

Both titles are arbitrary; the proper name would be petroline, both being hydrocarbons obtained from the evaporation and clarification of petroleum.

Either one of them is the best cure for baldness that has ever been discovered. Simply used as an ordinary hair dressing, they, or either, will accomplish the work; while at the same time being far superior, for the latter purpose, to any other agent in use.

Vaseline is the most invaluable therapeutical agent that we possess. As a dressing, in surgical cases, its value can hardly be overestimated. As an excipient for more active agents it should, and certainly will, soon displace lard, glycerine, etc. While lard preparations become rancid, the antiseptic properties of vaseline enable it to preserve them sweet indefinitely. As an internal remedy it is excellent in nearly all throat affections, croup, pneumonia, etc.—*Med. Brief.*

---

*Coca* is recommended in delirium tremens and alcoholic tremor, in teaspoonful doses every 3 or 4 hours, until quietness is produced.

---

*ALKALINE TREATMENT OF CANCER.*

---

Dr. Reier, of St. Petersburg, exhibited to the Society three patients who had been treated in the above manner, as proposed by Dr. Busch. One was sixty years old, another sixty-five and the third ninety. In the first patient the disease had destroyed the left eye and orbit, superior maxilla, hard palate and nose. The treatment consists in scraping away with the curette all of the cancerous tissue, and in the systematic use of a saturated solution of soda. All three cases were of the epithelial class of cancer, and presented as evidences of the beneficial effects of this mode of treatment, it being "based upon the power of strong alkalis to dissolve the cellular elements." The explanation of the good results here shown may lie in the scraping away of the diseased tissue rather than in the direct effects of the alkaline dressings. We have accomplished the same end by scooping out with a curette epitheliomatous and lupus ulcers, and applying calendula dressings. Possibly in the worst class of cases the alkaline applications may be the best; at least, it is worth a trial.

---

*PERINEPHRITIC ABSCESS.*

---

The symptoms unusually begin with rigors, followed by febrile exacerbations increased at night, sharp pains in the lumbar region, constipation, very soon immobilization of the spine, a stooping forward and elevation of shoulders. After a week or ten days there are spasms of the psoas muscle. Urine of high specific gravity, clear during first and second stages and loaded with urates in the later stage, tumefaction in the ilio-costal region, deep seated aching pain, and tenderness on pressure from the beginning.

---

INFLUENCE OF ALCOHOLIC BATHS ON THE PERSPIRATORY FUNCTION OF THE SKIN.—Dr. Wassilieff found that if the skin be thoroughly rubbed with alcohol, hot baths induced much more profuse perspiration than if the alcohol be not first applied.



*FATTY DEPOSITS ON THE HEART.*

---

There are two varieties, fatty degeneration and fatty infiltration, both dependant on a fatty diathesis and manifestations of a general disease rather than a local disorder. The signs are, slow pulse, enlargement of the area of cardiac dullness, the fact of the individual being fleshy, a soft soufflet with the first round of the heart in the aortic area whenever the valves are affected. Fatty degeneration of the muscular fibres of the heart, give slow pulse, 50 or less to a minute, weak impulse of the heart apex, weakness of heart sound, the organ meanwhile retaining its normal size.

Two other diseases have the two latter signs, pericarditis and dilatation of the heart, but in both there is an increased area of dullness and a more or less rapid pulse. In some cases the heart sounds in fatty degeneration are distinct and rapid, but have a metallic quality, and seem distant like the foetal heart.

The nervous symptoms attending fatty heart are, dyspnoea, loss of strength, flabby condition of muscles, uneasiness or pain in the region of the heart, or diaphragm, hesitating or slow speech, and not unfrequently false apoplexy, in which the patient, without any warning, falls as though shot, and presents in more or less perfection, the ordinary symptoms of true apoplexy, the differential features being that in the former the loss of consciousness or paralysis are only temporary, disappearing in a few moments or hours, whilst in the latter they are permanent or lingering.

---

DR. DAVY, of London, has devised a new way of putting on the plaster of Paris jacket, in which he first places the patient in a canvas hammock just wide enough to go around the body, with his face downward, and arms protruding through slits in the canvas. Extention is then made or not as may be required, by assistants drawing from the shoulders and feet in opposite directions, and the plaster bandage applied including the canvas. When the dressing is set the surplus canvas is cut away with the scissors.—*Med. Rec.*

---

*BLOOD STAINS.*

---

The startling thought occurred to Dr. C. O. Curtman, of St. Louis, that there was a possibility of the transfer of human blood by predatory insects, such as mosquitoes, bed bugs, etc., he was led to make the following experiment: Mosquitoes were kept in close confinement after imbibing their fill of human blood. At different periods of time they were crushed, and the blood examined in various menstrua. In all cases, up to forty-eight hours after a meal, a large proportion of human blood corpuscles were unchanged and readily recognizable.

The size and color of mosquito blood are very different from human. As a result of more than a hundred measurements, he gives the following sizes: Human blood (after imbibition by the Mosquito) averages, in dilute *glycerine*, 1-3200 inch; in 80 per cent. *alcohol*, 1-4000 inch. Mosquito blood averages in diluted *glycerine*, 1-14000 inch; in 80 per cent. *alcohol*, 1-18000 inch. Dr. C. regrets that another prop is thus taken away from circumstantial evidence; for even if stains should be fully identified as derived from human blood, the accused may plead that they were due to the agency of insects. Later experiments prove that bed-bugs digest human blood far more rapidly than the mosquito; after twelve hours no trace of human blood being discovered.—*Medical Herald*.

---

*OPERATION FOR INGROWING NAIL.*

---

In the Chicago "Medical Journal and Examiner" Dr. Andrews gives the following operation as that of a chiropodist named Williard: He neither extracts the nail nor slices off the overlapping flesh, but cuts out a narrow ellipse of tissue near the nail and parallel to its border, claiming that the border itself, where it rests against the edge of the nail, has its special structure adapted to its location, and ought not to be sacrificed. The removal of the strip of flesh being accomplished, he brings the edges of the wound together with fine sutures, thus drawing the border away from the nail and effecting a cure.

6 Oz. of olive oil at bedtime, and a dose of castor oil the following morning, is one of the speediest and surest means of relieving biliary colic, by favoring the passage of calculi through the ducts.

*Tincture of gelseminum*, given in 5 drop doses every hour for 4 to 6 hours, is one of the best, if not the best, remedy known for the wild mania accompanying excessive indulgence in alcoholic liquors.

---

### *LUMBAR ABSCESS.*

---

John Johnson, Swede, age twenty-five, came to see me, June 16th, 1880. He had been sick four weeks and during that time had been treated by a "regular" physician for rheumatism, lumbago, etc. I made no examination of his back at the time, but prescribed for his symptoms as I supposed, from what he said, that he was suffering from rheumatism. He presented the following symptoms: Pulse one hundred, tongue coated slightly at the tip, with a heavy coat at the base, and presented a bluish appearance, restless at night, no appetite, great thirst, but did not drink much, as he seemed to think it did not agree with him, although he wanted to drink continually; was weak and pale; his back was better from motion, he thought, but was not certain. For the great thirst, the restlessness at night and his pale appearance, I prescribed *Ars.*<sup>3x</sup> and told him to call again in two days.

At the end of that time he came back and was no better. Suspecting that it was not rheumatism, I made an examination of his back, and found at the left of the spine a slight protrusion about an inch above the crest of the ilium. The pain in the back was of a throbbing character. The testicle on the left side appeared to be drawn up, and believing it then to be a lumbar abscess I gave him *Hepar. Sulph.*<sup>3x</sup>. In four days from the time he was at my office last I examined his back, and by palpation I was satisfied that pus had already formed.

One week from the time I first commenced giving him medicine, I opened the abscess and got about a pint of pus. As he was getting weak I closed the opening and gave him *R. Spts. Fermenti*, oz. 4, *Quinia* grs. xxx, teaspoonful every three hours, and in two days I withdrew the balance of the contents and I believe I got nearly a quart more of pus. I kept him on the tonic for two days more and then changed to *Calc. Carb.*<sup>3x</sup> and *Silicia* 6xth. in alternation, a dose every four hours. He recovered nicely, and at the present time feels no trouble in the place where the abscess was.

Helmuth says that we must not withdraw all the contents from a cavity if the patient grows weak and in danger of fainting, was my reason for not evacuating the contents all at one time.

From the position of the abscess, the symptoms altogether, I diagnosed the case as one of Lumbar Abscess. If I was mistaken I would like for some of our surgeons to correct me. The prognosis is unfavorable in lumbar abscess, and for awhile I thought my patient would pass away and leave me "alone in my glory."

EVANS, ILLS.

W. A. SMITH.

---

## Book Reviews.

---

A GENERAL SYMPTOM REGISTER OF THE HOM. MATERIA MEDICA, BY T. F. ALLEN, M. D. Boericke & Tafel, 1880.—We copy S. L. in the *North American J. of H.*, and give his expressions a hearty endorsement: Hurrah, hurrah, hurrah and a tiger for our T. F. and his great and glorious work! Let those who objected to the ten volumes of the Encyclopædia also object to this Repertory, so much the worse for their Homœopathy and for their patients; the painstaking physician will thank Prof. Allen and his co-laborers for the immense work which they present to us. It would be a foolish task to review such a work, as there is nothing to review; only at the office desk it must be reviewed, day after day, and how easily every thing can be found. Thus, we looked yesterday for "clawing in the uterus," which we only found in this Register under uterus; and then our duty was to study whether *Nux vom.* covered the majority of the symptoms of the case. We have no doubt that this Register deserves to rank as THE Repertory of our age, and that the more we use it the more we will like it.

## Editor's Drawer.

To the Editor of the ST. LOUIS CLINICAL REVIEW:

How vastly our own estimate of ourselves differ from that of others, has been the theme of many a moralist. I find it illustrated in my own case in a letter that appears in your number for last October. Mr. W. John Harris—who he is and how I have offended him I have no notion—like the unfortunate man in the Arabian Nights, who, in chucking about his date stones at random, put out the eye of the genii's invisible son, I may have said or done something, I know not what, to offend your unknown correspondent. Mr. Harris, then, in the letter aforesaid, *apropos de bottles*, as I should say of St. Thomas Hospital, goes out of his way to have a little fling at yours truly.

"Let us hold fast to our own law of similars," he says, "and not 'go over' as is now so strongly advocated by many of the London Homœopaths—Dr. Dudgeon and his confreres."

The antithesis of this sentence implies that Dr. Dudgeon and his confreres—who are my confreres, by the way—all medical men are my confreres, but that can't be Mr. Harris' meaning. Well, Dr. Dudgeon and his confreres, it is implied, do not hold fast to "our law of similars," but want to "go over," which is, I suppose, Mr. Harris' mode of saying that they want to lose hold of, or throw over, or get rid of "our law of similars." If he does not mean that, what does he mean? Does he mean that "Dr. Dudgeon and his confreres," have strongly advocated going over to the enemy's camp, turning renegade to Homœopathy, like your John C. Peters and our Charles Phillips? I am not aware that I have ever advocated repudiation of the law of similars, or deserting to allopathy, so I would beg your correspondent, if he is not a phantom Mr. Harris, of kin of Sairy Gamps' Mrs. Harris, to say what are his grounds for the above accusation.

I thought I had been pretty generally known as rather a strenuous advocate for the law of Similia; at least I have written many things in that sense during my thirty-five years' editorship of the *British Journal of Homœopathy*, and as I have translated all Hahnemann's Homœopathic works except the *Chronic Diseases*, that scarcely looks as if I were a lukewarm advocate of Homœopathy. Is perhaps my advocacy of unceasing and energetic efforts to obtain our due rights as the leaders of scientific therapeutics, and to gain possession of those legal institutions of our country, from which we are at present excluded, misinterpreted, by Mr. Harris as being equivalent to a policy of going over to the enemy? If Mr. Harris knows anything about me and my doings, he must know that such an interpretation of my public conduct is inconsistent with the facts; but if, as seems probable, he knows as little about me as I know about him, perhaps it would be as well that he should wait for information before indulging in insinuations, the correctness of which he is not assured of. I say this more for his own sake than for mine, for any one who cares to know can easily know what I am and what I have been; but it must be rather awkward for Mr. Harris to find that he has been attacking some one without the slightest justification, and making imputations contrary to facts.

Yours truly, R. E. DUDGEON.

53 Montague Square, London, December 2, 1880.

Look out for squalls.

BORN to Mrs. Dr. Philo G. Valentine, on the 6th inst.—a Son.

REMOVED.—Dr. S. N. Sanders, from Frankfort, Ind. to Mattoon, Ills.

DOCTOR WANTED at Trinidad, Colo. Pop. 5,000—waterworks. Dr. Seward, who was the only Homœopath, has gone to Arizona. Address Dr. W. D. Scott, Longmont, Colo.

DR. DUDGEON'S POCKET SPHYGMOGRAPH.—A cut of this beautiful instrument has reached us from the hands of the inventor. Price, 2½ guineas, or about \$10.50. Manufactured by John Gonter, 19 Crawford st., London W., England.

DR. JOHN STOLZ has resigned the Chair of Practice in the so-called St. Louis Eclectic Medical College. He has also presented us with his *Treatise on the Five Senses*, published 1872; 122 pages. It is well written, and calculated for popular instruction and not for the professional scientist.

TWO MORE NEW JOURNALS to begin with the year: one, a quarterly, published at Quincy, Ill., by Dr. W. D. Foster, Hannibal, Mo., and Dr. O. H. Crandall, Quincy. 32 pages; double column. Subscription, 50 cents a year.

The other, a monthly; to be published in New York, and edited in Philadelphia by Dr. E. J. Lee, to be called *The Homœopathic Physician*. Terms, \$2.00. A God-send to those doctors who never pay—the d—bs.

HOMŒOPATHIC COLLEGE FREE DISPENSARY REPORT, INCLUDING SEPT., OCT. AND NOV., 1880.—Total treated to Sept., 5,800. Cases, surgical in Sept., Oct. and Nov., 526; cases, gynæcological in Sept., Oct. and Nov., 173; cases, eye and ear in Sept., Oct. and Nov., 132; cases, neurological in Sept., Oct. and Nov., 71; cases, in general med. clinic in Sept., Oct. and Nov., 1052. Grand Total to Dec., 7,775. Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Oculist and Aurist; Dr. Kershaw, Neurologist; Dr. Dionysius, in charge General Clinic. All the special cases were shown to the college class, and many of the general.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION IN 1881 will assemble in London on July 11, and a cordial invitation has been extended to American physicians to attend. The undersigned were appointed by the American Institute of Homœopathy a committee, with full powers to make arrangements. In order to do this in the most satisfactory manner, it is important to know the approximate number of those who will attend. By communicating at once to one of this committee the names of such physicians as now intend to go, and the number to accompany them, the work will be facilitated.

I. T. TALBOT, 66 Marlborough Street, Boston,	} Committee.
WM. TOD HELMUTH, 299 Madison Ave., N. Y.,	
BUSHROD W. JAMES, 18th and Green Streets, Phila.,	

St. Louis will be there.—(Ed.)

# THE ST. LOUIS CLINICAL REVIEW

PHILO G. VALENTINE, A. M., M. D., EDITOR.

---

---

VOLUME III

ST. LOUIS, JANUARY 15, 1881.

NUMBER 11.

---

---

## RESEARCHES AND CONSIDERATIONS ON THE HOMŒOPATHIC TREATMENT OF WOUNDS.

BY DR. BERNARD.

Translated from the "Revue Homœopathique Belge" by  
ROSWELL D. VALENTINE, M. D., of Canton, Ill.

### CALENDULA.

The physicians of antiquity were already acquainted with the vulnerary properties of the flowers of the marigold. They esteemed above all as an excellent remedy against excoriations of the nipples, an ointment of fresh *calendula*.

Dr. Schneider, of Fulda, became acquainted with the juice of *calendula* by an accident, and had occasion to appreciate its hemostatic and vulnerary virtues. Having fallen from his carriage, he received a considerable wound upon the tibia; the skin was lacerated, and the bone itself depressed. Immediately on his return home he poured upon the wound some extract of *calendula*, the sharpness of which caused a little smarting, and applied over the wound a bandage three fingers in width, and drank some of the same liquor. The pain ceased instantly. At the end of three days he removed the bandage. The wound was closed, and a second bandage prepared in the same manner finished the cure.

M. Flugge has obtained from this remedy innumerable cures. He was so convinced of its efficacy, and of the promptitude of its curative effects, that one day, in order to give a proof of it to some persons who disputed it, he did not hesitate to make with a knife a deep wound on his hand.

He poured into the wound some of the extract and applied a bandage. The next day he showed to his adversaries his hand perfectly cured.

A carpenter having cut his foot half off by the blow of an ax, M. Flugge had recourse to his remedy. The bleeding ceased, and, after having closed the wound, he applied upon it compresses saturated with the extract. After the next day the patient was able to return to his work, and at the end of six days he was perfectly cured.\*

This remedy has become quite popular in Germany, and especially in England and America.

The works of Dr. Thorer de Goerlitz have not been strangers to the reputation acquired by the marigold.

Jahr has translated† the relation of a very important clinical fact due to Dr. Thorer :

A young boy of 16 years, laborer in a manufactory, was caught up by a wheel of the machinery, which wounded him in the following manner. We relate the details as they were given to us:

1st. Fracture of the left humerus, with splinters of bone protruding through the flesh.

2d. At the bend of the arm bleeding, and a penetrating wound.

3d. Fore-arm totally deprived of integument.

4th. The detached hand, held only by feeble shreds.

5th. The thigh, the leg of the same side and the face bore marks of very extended laceration.

This poor boy was exhausted by the sudden loss of blood and by the pain. Then it had been necessary to submit to the amputation of the left arm, made immediately above

\* *Revue Critique et Retrospective de la Matiere Medicale Homœopathique.*—I, 47.

† *Bulletin de l'Art de Guerir.*—III, 22.



the place where the splinters of the humerus had protruded.

I pass by the other necessary surgical measures that I had to employ, and observe that the other lacerated parts were covered with compresses of *calendula water*. Nothing more was done except to continue these compresses till the termination of the cure, which was accomplished the same month, almost without any fever. What was very remarkable was, that the granulations which formed in the wounds were, in a manner, dry and without suppuration. I was not acquainted with this property of *calendula*, and I did not fail after that to treat in the same manner the cicatrization of the stump. Here the progress of healing was the same as in the other wounds. Finally all the wounds were filled up and cicatrized without suppuration.

You will find, says R. Hughes,\* the paper of Thorer translated in the "British Journal of Homœopathy," Vol. V. His examples demonstrate that *calendula* possesses the most beneficial influence over wounds, favoring their cicatrization with the least suppuration possible. Since this epoch *calendula* has always been employed by Homœopathic physicians for hastening the healing of wounds, ulcers, etc. You will find many appreciations of its virtues in several papers by Dr. Yeldham in the "Brit. Jour. of Hom." and in the "Annals of the "Britt. Hom. Society."

Finally, it has been employed upon a grand scale by our American colleagues in the treatment of wounds produced during the course of their civil war, and it has obtained their warmest approbation.

Ruddock \* considers *calendula* invaluable in the practice of surgery and in the art of dentistry. He believes it preferable to *arnica* in lacerated or articular wounds, in wounds and sliced cuts, particularly when there is constitutional tendency to erysipelas. This remedy combats hemorrhages (although in a less degree than *hamamelis*), and allays the most severe pains occurring through same complication.

\* *Action des Medicaments Homœopathique, Traduct. de Guerin-Meneville.*

\* *Text Book, medical and surgical.*

Hering thus details its indications: *Calendula* merits the preference in wounds by laceration when the wound is widely open and deep, not allowing union by first intention; all movement even, after the dressing, being very painful, when there are floating shreds, cutaneous or subcutaneous, and when the wound is irregular and here and there sliced. Also in excessive pain, when *hypericum* is not better indicated or has failed.

*Calendula officinalis*, says Noack, acts better in sanguineous effusions, serious infiltrations of the cellular tissue with deep wounds and abundant suppurations.

According to Dr. Brentano, of Milan, *calendula officinalis* is an excellent remedy against traumatic accidents, wounds, blows. It seems the best means for preventing suppuration, particularly the fever always so serious, which may accompany it in consequence of amputations.

Dr. Yeldham seems to even prefer this medicine to *arnica*, which may sometimes cause slight inflammations, and which does not happen with *calendula*. He cites marvelous cures of penetrating wounds in the articulations with abundant flow of synovia.

Dr. Helmuth, of New York, extols the topical application of this remedy in suppurations and in wounds.

*Calendula*, says Dr. Sorge, ought to be employed with confidence in wounds by incision or laceration; all general symptoms, such as shiverings, fever, cephalalgia, etc., which are the result of mechanical lesions, are promptly assuaged and dissipated by this remedy. I consider it as being of the greatest utility after most surgical operations, to hasten the production of healthy granulations, and to hinder or prevent gangrene. It is advantageous in wounds with great loss of substance. Does it act in a local or general manner? It causes hyperæsthesia (local), and a general uneasiness of the system. This hyperæsthesia assists in the afflux of blood, in the effusion of fibrin, and in the rapidity of union and the reparation of the loss. It produces, also, hypertrophy of the glands. It seems to us to stimulate the proliferation of white globules, augment the quantity of fibrin and its transformation into connective tissue. *Calendula* is suitable, above all, for open wounds,

with much suggellation and violent chill after traumatism.

Dr. Sorge was called to treat a bad wound of the eye; a curved knife had opened the sclerotic. The choroid and the vitreous body having protruded, he expected atrophy of the globe, and gave *calendula* internally and externally. By this treatment the eye preserved its form and the power of recognizing large objects.

According to Dr. Raue, *calendula* cures in a few hours the mechanical excorations produced on the prepuce by coition. It would also be indicated in the rupture of the perineum during confinement.

Dr. Pistle has published the following observation: A child swallowed a tin whistle made of two discs about one inch in diameter. The foreign body was retained five or six weeks, when there appeared symptoms of acute enteritis; stools frequent, almost wholly mucous, accompanied with constant pain in the abdomen and sensitiveness in the right iliac region. I thought of *calendula*, and found in its pathogenesis the corresponding symptoms. It was prescribed at the 2d, five drops in four consecutive doses, one teaspoonful every hour. A prompt amelioration was manifested in the little patient, who became merry and began to play as in health. The foreign body is still retained, but there has been no return of painful symptoms for three weeks.

At the meeting of the English Homœopaths, held at Oxford, in 1871, Dr. Holland cited the following facts: A man had his hand so crushed between wheels that amputation was contemplated. *Calendula* externally, and *aconite* and *arnica* internally, have restored his hand to so good a condition that he can use it very well, except two fingers which have remained stiff.

A horse, in falling, received a penetrating wound in the knee, and he was about to be killed. The introduction of a few drops of *calendula* into the wound soon restored the animal to a condition for work.

Dr. I. Guerin-Meneville has published \* an observation so interesting that we do not know how to resist the desire to reproduce it entirely.

\* Bulletin de la Societe, Medical Homœopathique de France, XVI, 603.

*Fracture of the Skull.*—October 30, 1874, a child, M, aged three years, living in the Rue du Bac, No. 36, 6th story, fell from the window into the interior court of this house; he was arrested at the height of the *entresol*, by a bar of iron extending from one wall to the other; the head only of this child struck upon the bar, and the little fellow fell again without other lesion, upon a wire screen which rested a few feet below and protected the windows of a warehouse.

Several physicians being called immediately, considered the case desperate and contented themselves with applying compresses of cold water. A hospital surgeon, however, consented to examine the child more in detail and found a compound fracture of the frontal bone on the right side. There was an enormous wound, starting from the orbit and dividing the brow in the middle, it extended over the forehead to the middle of the skull. This wound was contused, with tearing away of the skin upon both sides, extending far enough to allow the introduction of the little finger and feel at one place, on the right side and in the external part of the frontal bone, a depression with fragments, and on the left side two or three fissures of the external table, but without depression. The child had not lost consciousness, and the surgeon recommended simple compresses of cold water, covering a dressing of *charpie*, with which he filled the wound. Arrived a little afterward, I did not disarrange this first dressing, but I prescribed immediately every two hours, without interruption, one teaspoonful of *arnica* 6th, at the same time moistening constantly the dressing with water, to which was added *calendula* tincture in the proportion of one teaspoonful to one glassful. Returning next day, the 1st, I saw him in company with Dr. Despres, hospital surgeon, who took a lively interest in the little patient and wished to continue to visit him with me. We found the general condition satisfactory. There had been no fever and he had passed a good night. While approving my prescription, my confrere thought that the application should be ice water. Although this was not my opinion, I thought it was necessary here to give concession for concession. I merely warned

parents that the danger of this extreme temperature of fever was only in the reaction which would follow acceptance on their part, and this was sufficient. From the 9th of November I saw the little patient every day with my confrere. The *arnica* and the affusion of water were continued. The third day I had the first dressing, which had become adherent. I found a hemorrhage, but I found the bone denuded as if scraped, in extent about 8 centimetres in length and 3 centimetres in width. The depression of the fragments outside of the wound was partly effaced. We decided it best not to touch in any manner this wound, and until the end the dressing consisted in the application, pure and simple, of a pledget of *charpie* upon a piece of linen fenestrated and spread with *cerate*, the whole covered with compresses and constantly wet with a mixture of water and *calendula tincture*.

Matters thus progressed all the month of November, during which the wounded child was visited very often. Under the influence of this treatment, so simple, the wound improved very promptly. The integument adjacent to the wound, which was torn loose and much swollen, subsided quickly enough; the eye, which was completely closed the first days, soon was able to open. Strangely there was no paralysis of the upper eyelid. *The little patient never had a moment of fever or headache.* We feared, naturally, for a long time cerebral complications more or less serious, but they did not show themselves. The granulation of this great wound took place very soon, commencing at the two extreme angles. The removal on both sides of the shreds continued a long time to be perceptible, and we expected at every moment to see issue from it some fragments of the frontal bone, the more so, as at certain points we could catch with the nails some lamellæ elevated from the external table of this bone. All the denuded portion, the dimensions of which I have above given, was of an ivory whiteness, completely deprived of periosteum, and we were not without anxiety as to the future fate of such a large surface of bone exposed to the contact of the air. We feared to see it entirely necrose and become eliminated *en*

*masse*. But how long first? None of our fears were realized. The granulations increased on all sides of the wound and covered, little by little, this denudation; the osseous lamellæ that we had raised with the nails kept diminishing, and there occurred what has been called *insensible exfoliation*, that is to say, the osseous portions which were being eliminated, disappeared in granular dust, washed away by the different fluids, proper and foreign to the wound.

From the 1st of December to the 16th of the month, nothing occurred of particular note. We had ceased to give *arnica* internally; the child was quite merry, ate its food as usual, and needed cleansing only once a day and to have the dressing moistened whenever it seemed too dry; and besides, to be watched carefully in his violent plays, because two or three times he had run against furniture and caused bleeding. The suppuration of good quality and in moderate quantity, when, on the 16th, having taken cold, the little patient was attacked by violent fever with delirium the whole night. To this succeeded a rather frequent cough, which lasted several days. He took *aconite* 24 hours, to which succeeded *ipecac* and *bryonia* in alternation, and on the 20th he entered upon convalescence from this little accident. It was to be regretted, on account of the wound; for as soon as he took the fever the wound completely dried up. There was no more suppuration, the fleshy granulations withered away; the bone still denuded became livid-red. In short, the cicatrization was interrupted all this time, and we could recall vitality into this wound only by discontinuing the irrigation and replacing it for several days by emollient cataplasms. This was the only impediment that we had, and the child being cured of his bronchitis, the granulations resumed their course so well that the 30th of November the wound was almost completely cicatrized. From the 1st to the 15th of December I saw him only twice. In this interval, there came away one morning in cleansing him a thin scale of bone, as large as the nail of the little finger. This was all that came away of the fragments of so serious a wound. Since then the cicatrization is perfect and the child is not even much disfigured.

At the meeting of the *Cercle Homœopathique des Flanders*, of April 24, 1879, M. De Moor related the success he obtained by the application of a decoction of flowers of *calendula* in fomentations on the abdomen in a case of cæsariaic operation for rupture of the womb, in consequence of the administration of ergot.

At the same meeting, M. Loosvelt said that he found benefit from the employment of *calendula* in large wounds. By this medicament he had considerably mitigated the suffering after the amputation of the breast, and after an operation for cancer on the face. Again, he had had reason to congratulate himself for the employment of this agent in a serious wound of the face produced by a pistol shot.

The reader will be surprised, perhaps, to see us give such a great extent to the chapter on *calendula*.

This is the reason for it: This remedy, quite popular in England and its colonies, as well as in America, where its vulnerary and hæmostatic virtues receive unanimous adhesion, is, it seems to us, relatively unknown in old Europe, notably in the countries of the Latin race. Jahr does not give a summary of the pathogenesis of *calendula* in his "Manuel," which still serves as principal guide to many of our confreres. In his Homœopathic Treatment of Diseases of the Skin \* he mentions the following symptoms: "An old wound becomes wrinkled and inflamed, with pain as of cracking and excoriation in the morning; stitchings, as if suppuration were going to take place, and redness all around. Little visicles on the right side of the mouth, engorgement of the submaxillary glands, with excoriating pains."

In the new pathogenesis, published by the "Bibliothèque Homœopathique," we read these symptoms: A wound becomes again red and inflamed. A wound is painful in the morning, as if by contusion, and there are smarting and pulsations, as if it were going to suppurate.

Our personal experience with this medicament is not great. However; we ought to say that in a recent case of fracture of the tibia, *calendula* 6th, administered only internally, appeared to us to exercise a real influence, on account of the promptitude and solidity of the cure.

\* Paris, 1858, p. 317.



**CAUSE OF CATARRH OF AIR PASSAGES.**

---

BY J. C. CUMMINGS, M. D.

---

First—let us know what disease is; and then we may be able to find out its causes.

Hahnemann defines: "Diseases are only dynamic disturbances of the vital force."

If I understand his meaning of the word dynamic—it is a spiritual force—at any rate, something too refined for any material analysis to detect.

I do not propose to discuss, to-night, the dynamic theory of disease, except to mention its influence as a factor in epidemic influenza. Watson speaks of the various epidemics of catarrh that have invaded Europe from time to time, especially that of "1782, which extended over all Europe, visiting every country therein, affecting more than one-half of its inhabitants, and proving fatal to very many of them.

"In the spring of 1803 another instance of it transpired, and in 1833, and in 1837, other epidemics occurred."

So here is evidently a general cause. But everybody does not get sick in any epidemic, not even in the plague. So here we have another factor in disease, namely, a receptive condition. One of these—perhaps the first with many persons—is fear. We all know its potency in cholera epidemics. But as long as a disease is not very fatal, fear is not a very prominent cause; yet its influence must be felt in all widely-spread epidemics, however mild. But I believe it is the received opinion that all diseases come through the nervous system. We know that death is caused by shock—sudden good or bad news, or violent anger, or by fright. But how disease steals imperceptibly through the senses, or organs of the body, is not so clear or easy to discover. Sometimes, and I think often, it comes through the lower animals—for instance, the epizootic. A widely-spread epidemic of catarrh followed in the wake of the epizootic some years ago, and I think is doing likewise this year. When anthrax ensues immediately after skinning an animal that died from carbuncle, the cause at once is made plain.



But Dunglison says that "anthrax is now known to arise primarily in the human subject." I mention this to show there is a general cause common to all forms of disease, and if we could find that out, we would be on the high road to remove all diseases.

Watson speaks of the "wide and rapid spread of catarrh in a few days over London, and nearly the whole kingdom—on land, and on board of ships that had no communication with the shore, nor with each other"—to prove the non-contagious nature of catarrh.

Condie, speaking of the influenza-epidemic in 1807, says, "The amazing rapidity with which it diffused itself over the greater part of the American continent resembled more the fleetness of the wind than the natural course of a disease."

Watson says that sudden changes of atmosphere from cold to hot, or *vice versa*, cannot be the cause of catarrh, or these changes would always be followed by the same result. He speaks of the epizootic diseases raging before, along with or after epidemic catarrhs; and prodigious swarms of insects having made their appearance; and whilst these small insects seem to flourish, the larger animals, including man, died. The same author says that the influenza generally follows a westerly direction, or one from the South towards the Northwest. Now, we could account for the rapid spread of the epidemic, if the animalculæ theory were true, and these fungi were independent of gravitation—by saying that these remain stationary, while the earth revolves from West to East at the rate of a thousand miles per hour, and all who are susceptible take the disease.

But any substance that is material enough to be seen with the microscope must travel with the atmosphere. Now, discarding the *weather*—it being a mere secondary and not a primary cause of catarrh—and also leaving the ozone hypothesis (which Watson is inclined to accept), and the animalculæ, and the cryptogamic theories for further demonstration, I fall back on the dynamic theory, believing with Hahnemann, "That the cause of a thing cannot be the thing itself." So, the diseased conditions we have before us are very different from their causes—as different as light

and heat and vegetation; yet the last could not exist without the first two. Vital forces are intangible.

We can never with the microscope, spectroscope or chemical analysis discover the cause of disease.

Each science unfolds its own laws. So we must study the laws of Life through vivisections, provings of drugs on the healthy subject, by electricity, and every possible means of investigating the science of Life, before we can ever hope to know much about the cause of disease.

---

*FOR WESTERN ACADEMY OF HOMŒO-  
PATHY.*

---

\*BY JNO. B. BROOKS, M. D., HOT SPRINGS, ARK.

---

Arkansas has been well called the Switzerland of America.

It has been greatly favored by nature in climate, soil, mineral wealth, extensive forests, navigable rivers, medicinal springs and pure flowing streams.

It is alike exempt from the intense heat of the extreme South and the severe cold of the North, having genial climate and fertile soil, with the productions largely of both regions. Nature has, indeed, been generous in her endowments. No place on this continent, or perhaps on any other, can excel *this* part of the State.

According to Dr. Jackson's Chart of Medicinal Climatology showing climatic lines, we find Arkansas among the most agreeable lines found north of the equator. Between 30 and 40 degrees of north latitude we find the most temperate, equal and healthful latitude that surrounds the earth.

The average heat of summer, as shown by meteorological reports, is 84 degrees 29 minutes Fahr., and that of winter about 34 degrees 5 minutes Fahr.

The pure atmosphere of this northern and western portion of the State, together with the clear, bright skies, affords a safe and sure retreat to those suffering from

\* Read at Minneapolls, Minn., June, 1880.

chronic affections of most any form, particularly throat or lung troubles.

Phthisis pulmonalis, typhoid fever, gout, rheumatism, etc., with their complications, are diseased conditions almost unknown here.

Acute diseases, such as erysipelas, scarlet fever, diphtheria, etc., in epidemic form, do not visit us.

And now we come to the Hot Springs.

Situated in a narrow gorge of the Ozark Mountains, and running almost north and south, these springs, about 63 in number, varying in temperature from 90 to 156 degrees, issue from the western slope of the eastern ridge. There has been much speculation as to just how this water is heated. I am of the positive opinion that this is mere waste of precious time. Every evidence in this part of the country is in favor of the volcanic origin.

These springs discharge an aggregate of about 500,000 gallons daily, and find outlet, as said before, in 63 different places on the mountain side, from the margin of the little creek which winds its way through the valley, from the height of 100 feet up the mountain side.

These various outlets cover over a territory of about two acres.

As to diseases benefited—and I will prelude by saying these Hot springs should be regarded as a great sanitarium and health resort for the afflicted.

There is nothing in these waters particularly or peculiarly specific for any form of disease.

It opens up the various channels of the system, stimulates to activity, encouraging every organ and every tissue to do its work.

These are LIVING waters; they possess a peculiar electric condition, or "vital principle," which is the invigorating agent, and near akin to that peculiar and mysterious influence that runs the human organism.

On account of near kinship this *force* is very readily assimilated to the wants of the system; so that, where there is lack of *energy* to rid the system of evil influences or deleterious matter, these waters are an important adjunct, imparting new vitality and increased functional activity.

And, furthermore, where there is lack in elements of the body they are supplied from this same source (as it will be readily seen by reference to the analysis); that these contain many of the elements, and in nearly the same proportion as are found in the human body.

Now, if these be facts just stated, then we are not long in discovering that a multitude of the ills that flesh is heir to can be successfully managed here.

As remarked before, where there is lack of element, or some specific poison has been introduced and from which the body suffers, these waters will be found peculiarly applicable.

Ulcerative and suppurative difficulties, and affections of skin and mucous structure, yield generally very readily.

Again, this place can be strongly recommended to women suffering from diseases of the reproductive organs.

And, what is somewhat peculiar, ladies suffering from either *suppressed* or excessive menstruation are alike benefited—simply restores the normal function.

For the ill effects of *mercury* in the system this place can be relied upon as almost *specific*, as there is a positive antagonism between these waters and mercury.

And, finally, I want it distinctly understood that we do not cure every case; there are some incurables, who must suffer on in spite of ALL attempts to cure. But I am safe in saying that a larger per cent. are cured here than any other place I have any knowledge of. I have seen cures here simply marvellous—cases that had resisted all means for years before coming.

But enough for this time.

---

## IMPROVEMENTS IN THE ART AND SCIENCE OF OBSTETRICS.

---

BY GEO. W. WALKER, M.D., ST. LOUIS, MO.

---

*Mr. President and Gentlemen of the American Institute of Homœopathy:* As our time is limited, and as this is a utilitarian age, when we are all impatient to get at the

gist or kernel of whatever engages our attention, I shall make no introductory—no prefatory remarks,— but proceed at once to give you, and as short and concise a form as possible, what I conceive to be improvements in the art and science of obstetrics.

I shall refer to only a few of the more prominent ones.

1st. *Cephalic and Podalic Version by External Manipulation, or the Bi-polar Method.*—Doubtless the observance of cases of *spontaneous* version first suggested the imitation of the same process by the hands of the accoucheur. It was shadowed forth in obstetric works many years ago, but to Braxton Hicks is due the credit of first laying down definite rules for it, and bringing it to the notice of the profession. As a rule the liquor amnii must still be there, for upon the mobility of the foetus depends the success of the bi-polar method. This, however, is not always necessary. The hands of the physician should be applied simultaneously to both poles of the ovoid. Both hands may be used externally through the walls of the abdomen, or one may be introduced within the os uteri.

For different positions either hand may be introduced. There is scarcely a case of malposition that the bi-polar method is not of more or less advantage. The failure by this method does not in any way preclude a resort subsequently to any other method. By the application of this method, and taking advantage of postural treatment, I succeeded in turning a foetus after the evacuation of the waters, and when the child's arm had protruded from the vulva for two hours. The case had been attended and abandoned by a midwife.

When I arrived I found pulsation in the prolapsed cord still strong, and I immediately placed the woman in a prone position, upon her knees and breast, with hips well elevated. With the left hand I pushed the arm back into the womb, and pressed up upon the shoulder, and at the same time pressing with my right hand through the abdominal walls down upon the head, which lay in the left iliac region. The breech receded, and the head presented at the brim, and in a half hour the child was born.

Taking into consideration the great danger of introduc-

ing the whole hand and arm within the uterus to perform version by the ordinary method, we may conclude this to be one of the greatest improvements of obstetric art.

2d. *Placenta Prævia*.—We used to be taught, and the error has not been altogether corrected yet, that we should temporize with a patient flooding from placenta prævia until we deemed it dangerous to her immediate life, and then introduce the hand, turn and deliver by the feet. Prof. Simpson's proposition to separate the entire placenta and wait for natural labor was a slight improvement upon the old method, and is still applicable in some cases. The laws now laid down for the treatment of placenta prævia are very different and more definite. Among the elite of the obstetric art, there is very little difference of opinion on this point, save in minor details.

If you are *sure* you have a case of placenta prævia, and there is a sudden and severe hæmorrhage, no matter in what month of pregnancy, premature labor is to be induced without any delay. If the child is non-viable, that is, previous to the seventh month, and the hæmorrhage is slight, and the os uteri undilated, we may temporize, recommending absolute rest, cold applications, and the use of specific remedies. If necessary, dilate the os by sponge tents, or better by laminaria tents, and follow in an hour or two with Barnes' dilators, or tampon the os and vagina, but only for an hour or two.

Be on the alert. Do not leave your patient for more than an hour at any one time. If there be any abnormal position, now is the time to rectify it by external manipulations. Remove the tampon or dilators, and as soon as possible rupture the membranes with a metallic or stiletted gum catheter, and draw off the water *gradually*. Do it *slowly*, or you may induce inertia of the womb. If the placenta is only partially over the mouth of the uterus, before puncturing separate the bleeding side with your finger, then reach above and draw that portion to the opposite side, or if central, and it resists the catheter, make a hole through the placenta first with a porcupine quill or its equivalent. As soon as the water ceases to flow through the catheter, withdraw it, and enlarge the opening with the finger. I

the head or breech presents, put on a binder and use uterine compression. Ergot should be given unless the birth is a cross one. Promote uterine pains in every possible way, for if active labor comes on, hæmorrhage is impossible. If the head does not present, as is frequently the case, we should make the attempt to turn by the bi-polar method, and in case of failure introduce the hand and bring down the feet. To sum up,—in placenta prævia with severe hæmorrhage, at any period of pregnancy, induction of premature labor is the rule; water to be evacuated slowly. In cases of mal-position, turn by the bi-polar method if possible, and keep ever in mind the extreme danger of thrusting the hand within the womb. Resort to it only in the last extremity. In cases where placenta prævia is complicated with other dystocias, the ordinary rules of obstetric art are applicable.

By the old treatment one in three of the mothers die, and more than one-half of the children. By the improved treatment not more than one in ten of the mothers are lost, and the mortality of the children is greatly reduced.

3d. *The Frequent Use of the Forceps in Hastening Labor.*—Within the last few years professional opinion upon the frequent use of the obstetrical forceps has undergone a marked change. Instead of an operation to be dreaded by the accoucheur, and a terror to the mother and of frequent fatality to the child, the ingenious construction of instruments and the increased knowledge of the mechanism of labor, have rendered it one of the safest and one the least to be dreaded of any of the operations belonging to obstetric art. Some of the professors of this branch of medical science, and the majority of the standard authors to-day, strictly prohibit instrumental delivery, unless all hope of nature accomplishing it is gone.

Arguments in favor of the more frequent use of forceps are so well expressed in the report of the Rotunda Lying-in Hospital of London, for the year 1872, quoted by Playfair in his *Treatise on Midwifery*, that I prefer it to my own.

“Our established rule is that so long as nature is able to effect its purpose without prejudice to the constitution of



the patient, danger to the soft parts, or the life of the child, we are in duty bound to allow the labor to proceed, but as soon as we find the natural efforts are beginning to fail, and after having tried the milder means for relaxing the parts, or stimulating the uterus to increased action, and the desired effects not being produced, we consider we are in duty bound to adopt still prompter measures, and by our timely assistance relieve the sufferer from her distress, and her offspring from imminent death. Why, may I ask, should we permit a fellow-creature to undergo hours of torture when we have the means of relieving her within our reach? Why should she be allowed to waste her strength and incur the risks consequent upon long pressure of the head on the soft parts, the tendency to inflammation and sloughing, or the danger of rupture, not to speak of the poisonous miasm which emanates from an inflammatory state of the passages, the result of tedious labor, and which is one of the fertile causes of puerperal fever and all its dire effects, attributed by some to the influence of being confined in a large maternity and not to its proper source, *i. e.*, the labor being allowed to continue till inflammatory symptoms appear? The more we consider the benefits of timely interference, and the good results which follow it, the more are we induced to pursue the system we have adopted, and to inculcate to those we are instructing the advantages to be gained by such practice, both in saving the life of the child as well as securing the greater safety of the mother."

These are my views, and I believe they will ultimately prevail, for from my own observation the infant mortality is much less, and the suffering of the mother greatly reduced. Taking all classes of labor together it is said one out of 20 to 30 children is stillborn. Dr. Hamilton, of England, says that he uses forceps in every seventh or eighth case, and thus delivered 731 successive children without a single stillbirth.

4th. *On the Manner of Introducing the Forceps.*—Instead of passing the blades of the forceps as nearly over the child's ear as possible, and adapting them always to the bi-parietal diameter of the child's head, the rule now taught is to pass them in the transverse diameter of the



pelvis without reference to the child's head. Make the pelvic curve of the forceps conform to the pelvic canal of the mother. The precise position of the head should, if possible, be ascertained by the accoucheur before applying the forceps, but it is by no means essential. If the forceps do not lock the fault is probably in one of two things, either the blades are not thrust far enough in, or the handles are not pressed back far enough against the posterior fourchette. With a properly constructed instrument, and applied as they ought to be, they should *never* slip.

5th. *On the Non-ligation of the Funis.*—After the birth of the child the cord should not be severed until pulsation ceases; then cut it and allow any blood which may remain in the umbilical cord to ooze out.

Before washing the child a ligature may be applied. Tying the cord is not, as was once thought, absolutely essential to prevent hæmorrhage. A ligated cord bleeds just as often as a non-ligated one.

6th. *Delivery of the Placenta.*—Until recently it has been the custom among accoucheurs to wait a very few minutes after the birth of the child, and if the placenta is not expelled to make traction upon the cord with one hand and with the other press upon the fundus of the uterus. With many the binder was to be put on as soon as the child was expelled, and before the delivery of the after-birth. A binder never promotes contraction of the womb. It is possible that it may to some extent secure a contracted womb from again dilating. A binder should not be applied previous to the expulsion of the placenta, neither should traction be made upon the cord, unless the placenta is extruded from the womb, and is lying within the vagina. The uterus itself should be made to expel the placenta. After we have waited twenty minutes, occasionally placing our hand over the uterine region to make sure that there is contraction of that organ, we may grasp the fundus of the womb in our left hand, pressing the womb downwards and backwards in the axis of the pelvic brim, when in almost all cases the placenta and its membranes will pass out. If it does not we may repeat the manipulation, and if it does not pass away for an hour or more no harm will come of

it. The cardinal point to remember, as Playfair says, is that the placenta should be expelled from the uterus by a *vis a tergo* movement, and not drawn out by a *vis a fronte*. By this procedure post-partum hæmorrhage is less likely, after-pains are lessened, and the safety and comfort of the patient greatly promoted.

7th. *Breech Presentations*.—Let them alone until the body is expelled as far as the umbilicus. Traction should not be made upon the trunk to expedite delivery. In no case is meddlesome midwifery so bad, and in no case is the temptation so great.

8th. *Fruit Diet in Pregnancy*.—For the last six or seven years I have been in the habit of recommending to my patients, who were expecting within the next five or six months to be mothers, a diet consisting largely of fruits. As far as in my power, I keep them from eating those articles of food which contain a large proportion of earthy matter, such as wheat, beans, barley, oatmeal, etc. The flesh of *matured* animals, as beef, mutton, and pork are strictly forbidden. Those kinds of food which contribute largely to the growth of bone and muscle are to be taken in moderation or not at all. Of course no one particular system of diet will suit all; but it must from time to time be modified to suit each individual case. The fruit is essential, but in no case to the entire exclusion of either farinaceous or animal food. The diet which athletes or prize fighters adopt to harden their muscles, is not the diet for a pregnant woman; neither is the coarse diet of the laboring man.

Females of those nations who live principally upon fruits, as the Hindoos, Sandwich Islanders, etc., have easy labors; while the laboring classes of this country, who live upon coarse farinaceous and coarse animal food, have, as a rule, hard labors. Two-thirds of all the craniotomy cases in my practice have been among the lower classes of Irish.

I have had among my patients women who, with a vigorous digestion and sharp appetite, indulging plentifully in roast beef, mutton, and fried ham, with coarse bread and other hearty food, taking just enough of outdoor exercise to stimulate the appetite still further, and while apparently

flushed with health and full of red blood, come to bed at the end of nine months and bring forth, with the most terrific sufferings, a child weighing eleven to fourteen pounds, and a head as hard and unyielding as a child's of six months old should be. From her good health and vigorous constitution she had anticipated a comparatively easy labor; but what a greivous disappointment. If she could look back over the nine months of pregnancy and realize the cause of her suffering she would feel thankful the life of herself and her offspring had not been sacrificed. The rule in such cases is forceps, craniotomy, or an inordinate amount of suffering, and often the death of the child or mother.

By a well regulated system of diet, I tell you, from a tolerably large observation, this state of things can be to a great extent avoided. To my mind there is no sense in a woman having children beyond eight or nine pounds; nor in a child's head being non-compressible from an excess of bone; nor in a woman's muscles being as firm and unyielding as a prize fighter's.

The ambition of some women to bring forth large children should be cultivated and directed towards producing quality of fibre, rather than quantity. There is a large and fruitful field for cultivation by the medical profession in this direction, and I hope that some, if not all of you, may have your minds attracted to the subject of "diet in pregnancy," and ere we meet in the coming year, we may, from our varied observations, be able to mitigate to some extent the perils and sufferings of woman in childbirth.

---

## *Surgical Bureau.*

---

In Charge of S. B. PARSONS, M. D., Surgeon.

---

### *LOCOMOTOR ATAXIA CURED BY NERVE STRETCHING.*

---

It is reported that Dr. Langenbeck cured a case of locomotor ataxia by stretching the two sciatic and crural nerves. The stretching was done at different times, and always antiseptically.

**ANEURISM OF THE ARCH OF THE AORTA CURED BY REST. RESTRICTED DIET, ERGOT AND IODIDE OF POTASSIUM.**—The October number of the "American Journal of Medical Sciences" contains an account of a case of aneurism of the arch of the aorta which was cured by rest, restricted diet, and the *iodide of potassium* and *ergot*, under the care of Dr. R. Sutton. The patient, a female, 21 years of age, was attacked while at work by a severe pain in the upper cardiac region, which remained, coming and going, for six months, accompanied at times by fainting spells. Nine months after the first attack Dr. Sutton saw her for the first time, and an examination revealed an aneurism of the descending arch of the aorta. The ribs were bulged up above the plane of the chest wall; the thrill was loud, and the impulse was visible in the second intercostal space. She remained under treatment for one year. During this time she was excluded from all excitement, and took, three times daily, 10 to 20 drops of fluid extract of *ergot* and 5 grains of *iodide of potassium*. Only one-half hour out of six hours was allowed for quiet walking about the room. Her nourishment amounted to 10 ounces of material, fluid and solid together, for each twenty-four hours. This regime was faithfully adhered to for thirteen months. At the end of this time she was reduced to nearly a skeleton, but the aneurism was cured. The action of the heart was weak and irregular, with a distinct anæmic bruit. Her nourishment was now increased, and she was allowed to be up and down at will.

A committee, appointed by the Allegheny County Medical Society, examined the patient last June, and reported that the aneurism was cured, and that the only evidence of disease at the time was a slight endocardial murmur.

---

#### *A NEW PHYSICAL SIGN IN THORACIC ANEURISM.*

---

Dr. Drummond, of Newcastle-on-Tyne, has demonstrated before the Northumberland and Durham Medical Society a physical sign which will apparently be of considerable

value in the diagnosis of aortic aneurism, should it not turn out to be pathognomonic. When a patient who is suffering from thoracic aneurism inspires deeply, and then closes the mouth and expires slowly through the nostrils, a puffing sound is heard on auscultating the trachea, which is synchronous with the cardiac systole. This sound is best heard with the binaural stethoscope, and is evidently a sudden involuntary expiration caused by the sudden systolic expansion of the sac expelling air from the chest. This physical sign has been demonstrated by Dr. Drummond to be absent in cases of aortic valvular disease without aneurism, while it is present in every case of aneurism which has come under his notice since the discovery of the sign, viz., four; and he also thinks it will be of importance in distinguishing between aneurism and sarcoma of the lung.—*Dublin Journal of Medical Science*, November, 1880.

---

### *RADICAL TREATMENT OF HYDROCELE BY INJECTION OF CARBOLIC ACID.*

---

At a meeting of the Philadelphia Academy of Surgery, June 7, 1880, Dr. R. J. Levis stated that in 1872 he had begun to treat hydrocele by carbolic acid injections, because a more plastic grade of inflammation than that obtained by ordinary injections was required, and because incision only accomplished a cure through suppuration. His method is to withdraw the fluid by an ordinary trocar, and then introduce the long nozzle of a syringe through the trocar into the vaginal sac. By this means the carbolic acid is thrown into the cavity, and there is no danger of its being injected into the cellular tissue of the scrotum. The *carbolic acid* crystals are merely liquefied by slight heat, or by a few drops of *glycerine*. To keep the injecting fluid ready for use at all states of temperature, about ten per cent. of *glycerine* or water may be added to the crystals. The amount of *carbolic acid* which Dr. Levis injects is one-half a fluid drachm, and this is allowed to remain in the vaginal tunic. The operation is almost, if not entirely,

painless, because of the local anæsthetic action of *carbolic acid*. The patients sometimes exclaim at the moment of introduction, but have a sensation of numbness rather than of pain. The pain, when *tincture of iodine* is employed, is much greater. Care should be observed to allow no *acid* to flow upon the external surface of the scrotum, for pain and inflammation will follow such contact. After the injection the patient is permitted to walk about the house until the weight and slight soreness of the scrotum cause him to lie upon a bed or lounge. The results of this method of treatment are excellent, for undue inflammation does not occur, there is no marked pain, and a radical cure generally ensues. Dr. Levis has never seen supuration or sloughing follow this manner of dealing with hydrocele.—*Phila. Medical Times*, November 6, 1880.

---

*FRACTURE OF NINTH DORSAL VERTEBRA, WITH PARTIAL DISLOCATION — RECOVERY.*

---

Dr. H. Hickman, of St. Louis, reports a case in the "St. Louis Medical and Surgical Journal," Sept. 20, 1880, where there was every reason to believe the injury to be a fracture with partial dislocation of the ninth dorsal vertebra. There was no sign of paralysis. Patient, aged thirty-eight years, a brewer, while hoisting a bucket of ashes, was precipitated into a cellar, a distance of ten feet, in consequence of the breaking of a pulley-bracket, and was found on the floor doubled up and unconscious. Upon examination a considerable displacement was noticed, which was shown by a marked depression superiorly with a corresponding projection below; besides this, the soft parts on either side of the injured spine had developed into tumoid prominences, affording ample proof of the immense strain they had been put to. The patient was at once lifted by the shoulders almost off his feet, while steady, increasing pressure of the thumbs was applied. This soon appreciably reduced the dislocation, and a compress and bandage were applied, and

the patient put to bed. He suffered from an exceedingly acute pain at the base of the neck and upper part of the chest, but had very little pain at the seat of the injury. The next day he was able to micturate, and the soft parts having almost resumed their normal outline, a plaster-jacket was applied. The patient was posed on his hands and knees during the ten minutes required for the necessary bandaging, and although then suffering acutely, his pain subsided as soon as the plaster hardened, and never returned while he wore it. The bowels remained torpid for six days, but this being a very common occurrence among brewers, who, on account of accident or for other good reason, are suddenly denied their usual very liberal allowance of beer, it was not thought to be due to any direct result of the injury. Five months after the accident the only signs of the injury were a bifurcation of the dorsal groove at the site of the fracture, and a very slight swell of the posterior curve of the right thoracic wall rising above the line of injury. The jacket was reapplied but once during these five months.

---

*OVARIAN CYSTOMA FIRMLY UNITED TO  
BLADDER.*

---

Dr. Noeggerath presented a specimen of the above to the Society of German Physicians, N. Y., and gave the following account of it: On the 18th of October he had attempted the performance of an ovariectomy at Mt. Sinai Hospital. The operation could not be terminated, owing to the unusual complications of the case.

About three months before this time the ovarian cyst had been punctured, and it was observed that a small cyst, situated anteriorly to the principal tumor, completely collapsed and became invisible. During the subsequent ovariectomy this smaller sac was incised in the median line, and it was now ascertained *to be the bladder*, which was extensively and firmly adherent to the anterior abdominal

parietes. The vesical wound was at once closed by sutures, and the ovarian tumor now attacked. After incision of the cyst, a sudden alarming hemorrhage took place, apparently proceeding from a solid growth springing from the internal surface of the cyst-walls. Rapid and profound collapse at once set in, and death was only averted by ligature *en masse* of the bleeding growth.

The ovarian tumor was so intimately united with the broad ligament of one side, and so firmly and extensively attached to the adjoining structures, that it soon became necessary to discontinue all further attempts at removal. Accordingly it was determined to try abdominal drainage of the cystic cavity. Eight hours after the cessation of the surgical interference, the patient's temperature had risen to 104° F. Rectal injections of quinine effected a temporary lowering, but soon the febrile movement was again pronounced, and at length, after about twenty-four hours, the patient succumbed in collapse.

At the autopsy the vesical suture was found to be perfect. Urine had at no time escaped into the peritoneal cavity (it had during life been removed hourly with the catheter): The most complete union existed between the adjoining walls of the ovarian cyst and the bladder.

A somewhat similar mishap had occurred to Dr. McLean, in Troy, N. Y., and quite recently Dr. Thomas had met such a case in his practice. His own case would therefore be the third, and these were the only American cases known to him.

Dr. Garrigues mentioned the fact that Ohlshausen had reported several instances in which the bladder had been cut into, the operator wishing to incise a cyst.

In answer to a question from Dr. Gerster, Dr. Noeggerath remarked that the diagnosis of such conditions was probably always impossible. Slight vesical troubles were the only symptoms produced by the anomaly. The introduction of instruments for purposes of vesical exploration would fail to furnish any clue to the existence of such complications.—*Med. Rec*



*CASES OF PROLAPSUS ANI SUCCESS-  
FULLY TREATED BY HYPODERMIC IN-  
JECTION OF STRYCHNIA.*

---

BY LEONARD WEBER, M. D.

---

Nelaton was the first, I believe, to recommend the use of *strychnia* for the cure of simple prolapsus ani. Whether he or any one else had used *strychnia* hypodermically for that purpose before I did, in 1868, I do not know.

In that year I was consulted by a merchant, about forty-five years of age, who had suffered from prolapsus ani for three years. It came on after a prolonged attack of dysentery. Not more than one inch of mucous membrane protruded.

It was easily reduced, but as readily came down again. Sphincter very weak and dilatable, but control over bowels satisfactory. At stool he would often lose small quantities of blood, and a slight but constant sero-sanguinolent discharge from the protruded mucous membrane was quite annoying to him. The usual remedies had been applied without success, and to the application of *nitric acid*, or the actual cautery, I could not persuade him to submit. It occurred to me to inject *strychnia* hypodermically. Inserting the needle about three-fourths of an inch from the anus, and directing it upward and parallel to the gut, I injected one-twelfth of a grain of the remedy, repeating the injection in forty-eight hours upon the opposite side, and continuing in this way until six injections had been made. The pain accompanying the injection was insignificant, no inflammation or abscess followed, the bowel ceased coming down, and the cure then effected has been permanent.

CASE II. (1870).—Boy, eight years old, somewhat anæmic, muscular system poorly developed, had had repeated diarrhoeal attacks. His mother said his "body" had been coming down for a long while. Prolapse half an inch. Sphincter very weak and dilatable. I injected one-eigh-

teenth of a grain as above. The relief was complete after eight injections given in the course of four weeks.

I have lost sight of this patient, and do not know whether the cure has been permanent.

CASE III. (1877).—Boy, four years old, healthy and strong; prolapse of three-fourths of an inch, quite reducible, for about a year. Cure after four injections of gr. 1-24 of *strychnia*, each given as above. Patient has remained cured.

CASE IV. (1878).—Boy, five years old. No organic disease, but rather weak; troubled by frequent epistaxis. Prolapse nearly one inch long, in consequence of dysentery. Has had it for eighteen months, and been unrelieved by treatment so far. Four injections of gr. 1-24 of *strychnia* each were made, when the patient ceased coming to the office, and was lost sight of.

CASE V. (1879).—Girl, six years old, somewhat anæmic, but well developed. Prolapse of half an inch, with considerable sero-sanguinolent discharge from the protruded mucous membrane, and occasional loss of blood at stool. It had existed more or less for two years, and had also followed dysentery. Cure after four injections of gr. 1-24 of *strychnia* each. Patient has remained cured.

This was the only case in which I had to etherize the patient, owing to her excessive fear of being hurt. In all five cases the usual local and general treatment, tonic and astringent in character, had been tried without any benefit.

A speedy and permanent cure I know to have been obtained by the injection of *strychnia*, in *loco morbi*, in three cases. No pain of any consequence was inflicted by the procedure, nor unpleasant symptoms, inflammation or abscess, followed the injections. No such results have been obtained in my practice, in similar cases, by other remedies short of severe surgical measures.

It appears, then, from the record of these cases, that the hypodermic injections of *strychnia* in *loco morbi*, in cases of simple prolapsus ani, has a direct and rapid effect upon the sphincter muscle, re-establishing the physiological tone after comparatively few injections. This mode of treatment is perfectly safe, and apt to effect a speedy and permanent cure.—*Medical Record*.

***MEDICAL EXPERT TESTIMONY—THE  
PRESENT LAW AND ITS DEFECTS—A  
PAPER READ BEFORE THE MISSOURI  
INSTITUTE OF HOMŒOPATHY, JUNE 9,  
1880, AT HANNIBAL, MO.***

---

BY C. J. BURGER, M. D., BOONVILLE, MO.

---

As a member of the Bureau of Legislation, I desire to present to this body a few thoughts (the result of investigation and experience of the present practice in securing and presenting medical expert testimony before courts, where the issue of supposed insanity, poisoning, etc., is raised), adding a few remedial suggestions.

The great frequency with which the plea of insanity is presented in the courts of justice, due to the success which attends it as a means of escape for criminals, is a matter of general notice and alarm. That there is something sadly deficient in the present law and practice of expert testimony is at once apparent to the observer. No one will gainsay that the practice of obtaining unbiased expert testimony in those cases where a careful analysis was necessary, and an impartial medical opinion of vital importance has had the effect of almost bringing the medical profession into disrepute. Therefore, this subject should especially engage the attention of those of a higher order in the medical profession, and induce them to act unitedly for reform measures. If we are candid we must admit that in times past the anomaly of testimony in trials for capital offenses, and in contested will causes, has occasioned general adverse comment from press and public. It behooves us, therefore, to inquire into the cause of this deplorable condition, and then engage the support of the bench in formulating a plan to secure the necessary reform in this State.

The present method or practice of obtaining medical expert testimony has two great defects, viz.: It is defective, first, in that it fails to make provision for an adequate compensation to those who are called so to testify; or in other words, fails to acknowledge professional knowledge and

skill as private property. Second, in that it allows the prosecutor and defendant to select the experts. If the State must have the assistance of professional experts in order to administer justice, it should recognize their knowledge and skill in the way of a just compensation.

It is settled (and it is but proper and just) that a physician or surgeon, when called upon must attend and testify to facts within his knowledge for the same compensation as other witnesses, but whether he can be compelled to give a professional opinion without compensation, other than the ordinary fee of witnesses, is a question which cannot be said to have been satisfactorily determined, as different courts have answered it in different ways. In our State (Missouri) any physician or surgeon can be compelled by a judge of any circuit to render expert testimony for the nominal witness fee.

We consider whatever skill and knowledge we may possess as our individual property—our capital stock—for which we have spent time and money. It is the means by which we earn a livelihood for ourselves and families. We have invested our money and spent our time in the acquisition of knowledge and skill, and they ought therefore to be as much our private property as if we had invested that amount of money in blue jeans or red calico. If this view is correct and just, then we may with propriety question the power of courts to compel any one to testify exclusively, as an expert, when such subjects are investigated before such tribunals. Professional services are not at the mercy of individuals. Why should they be at the mercy of the public? If a physician or surgeon testifies as an expert, by giving his opinion, he is performing a strictly professional service. If individuals have no legal claim to such services, without compensation, we cannot see the justice in being compelled to submit to such a claim by the State or public. The jury is supposed to be utterly ignorant of the principles by which insanity is detected, or to the extent that a wound or an injury might produce death, or to the presence or absence and toxic effect of poisons, etc. They must, therefore, be instructed on these subjects by experts, who have spent time and money in making the

subjects a special study. The province of an expert, therefore, is not to prove facts in the cause, but to aid the court or jury in arriving at a proper conclusion, from facts otherwise proved. An adequate compensation for such services is justly due and merited. If it requires years of time and a considerable outlay of money, to acquire this knowledge and skill, then it must become private property; and if private property, then it is protected by that legal policy, that no man shall be deprived of his property, without a just compensation. By what principle has the public, any more than a private person, a right to demand and extort professional services without a just compensation? Unless the expert can legally maintain the position that his professional knowledge and skill are his own property, and that he need not part with them gratuitously, unless he so chooses, then he is subject to the call of any one who may see fit to subpoena him in any court as an expert. The more eminent and distinguished as an expert, the greater the claim and demand of the public and individuals on his services. That expert testimony has been given for which even one-half the ordinary witness fee was a good remuneration, I do not doubt; and this leads me to the consideration of the second part of my subject, namely: Both sides, prosecutor and defendant, are allowed to produce expert testimony of their own selection. This, in our opinion, renders the practical working of expert testimony almost worthless. Justice Grier, of the Supreme Court, says: "Experience has shown that opposite opinions of persons professing to be experts may be obtained to any amount, thereby perplexing instead of elucidating the question involved in the issue." To the correctness of this statement all must bear witness.

With few exceptions, observation proves the usual result. Scientific evidence of a rather accommodating character, calculated to mould sentiment favorable to the side by which the professional witness is retained. The defense wishes to prove the prisoner to have been insane. A physician is interviewed, the case told to him by the counsel for the defense, in such a way as to fully convince him that the prisoner is truly insane. The physician, therefore,

agrees to appear as an expert in the case. The prosecution goes through the same operation with the physician of their selection, and he is of course convinced that the prisoner is sane. Now, if these physicians come to court and are asked if they think the prisoner sane or insane, they very naturally give prejudiced opinions.

The law recognizes the danger, and so only allows them to testify with regard to hypothetical cases. In this way it is proposed to teach the jury principles by which they can decide the case in hand.

Apparently this idea is good in theory, but utterly worthless in practice; for the principles that govern such cases are not clearly defined, and it requires the experience of an expert to apply them to given cases.

One side presents a hypothetical case for which the necessary answer is yes, and the other side presents a case which requires the answer, no. So each physician is paraded before the jury, and to the amusement of the spectators, answering yes, to one lawyer, and no, to the other, until the jury become convinced that the doctors say just what the lawyers want them to say. Instead of being instructed, the jurymen are confused. To make the confusion still more confused, attorneys endeavor to bring out conflicting medical testimony, by harping on minor points, which are necessarily little understood, and with regard to which the physician either confesses ignorance or expresses different opinions. The result is usually foretold. No matter how impartial the expert desires and tries to be, his conclusions are more or less biased, and notoriously so in cases where he has been promised an extensive fee, or his fee made conditional upon the influence his testimony would carry. Another fact both the prosecution and defense in the selection of experts are generally governed by their ability to pay, and frequently, from necessity are forced to retain those of obscure standing in the profession. The stigma which has been brought upon the profession from this source influences the better class of physicians and surgeons to avoid the possibility of being called upon to place their opinion against that of others, which is neither accurate nor reliable.

It is utterly impossible to obtain valuable expert testimony by the present means of conducting such cases.

For the correction of these evils the following plan seems to me to be a just and feasible one:

A committee of experts should be appointed by the court, and sworn in, after the manner of a jury. To them ought to be submitted, not a hypothetical case, but the case in hand.

In order to arrive at the truth, they should be compelled, like the jury, to listen to all the evidence, and to enlighten the court on the technical aspects of the case and testimony, which the latter shall use in his charge to the jury.

If, during the trial, there should be any developments requiring medical examination or investigation, it should be their duty to perform all such labors, and transmit the results in a report to the court or jury.

With regard to the question of insanity, their decision should be final. Cases requiring deliberation should be conducted in the manner of juries, and their decision, or failure to agree, announced by their chairman. For their services an adequate compensation should be allowed, such compensation to be uniform, and regulated by statute.

The position of an expert would thus be elevated to one not only of importance, but to one of dignity and honor. He would no longer be looked upon as one testifying in favor of the party by whom he was retained. He would stand upon the platform of truth, as he perceived it, unprejudiced, the minister of equal and impartial justice.

Knowledge and skill applied under these conditions would produce results for the welfare and interest of society that never can be obtained under the present regime.

As the Missouri Institute of Homœopathy occupies a front rank in the efforts and success of elevating the medical profession to a higher standard, always ready to disseminate knowledge from her store-house, thus assisting the progress of civilization, I see no reason why she should not take the initiatory steps for the improvement of this comparatively modern growth.



*N. Y. S. HOMŒOPATHIC ASYLUM FOR THE  
INSANE — ANNUAL MEETING — ELEC-  
TION OF OFFICERS, Etc.*

---

The annual meeting of the Trustees of the N. Y. S. Homœopathic Asylum for the Insane was held at the Asylum yesterday, Dec. 9th, 1880. There were present Messrs. Harper, Graham, Draper, Hayes, Guernsey, Wilkin, Burt, Vanamee and Stivers. The Board proceeded to the election of officers for the ensuing year, when all the officers of last year were unanimously re-elected, as follows: President, Fletcher Harper; Vice-President, Grinnell Burt; Secretary, M. D. Stivers; Treasurer, U. T. Hayes.

The report of Medical Superintendent Dr. Selden H. Talcott, showed that the rate of recoveries of the insane was larger last year than ever before in the history of the institution and the death rate lower. The rate of cures was 46.56 per cent., and of deaths 4.18 per cent. In all 311 different patients were treated during the year, of whom 164 were in the Asylum at the beginning and 180 at the close, Oct. 1, 1880. The number admitted was 147, and the number discharged or dying 131. The number discharged cured was 61, improved 24, unimproved 33, deaths 13. The largest number present at any one time was 199.

The means employed to effect cures were the same as have heretofore been used in the institution. First, every effort is made to restore patients to bodily health and strength, which is, in most cases, a necessity. Rest, quiet, exercise, employment, amusement, are each and all used where they will be beneficial in the work of restoring the insane to mental and bodily health. Homœopathic treatment, of course, is the rule where medicine is necessary. Good nourishing food is one of the main reliances of the management. The male patients have been employed mostly in gardening and other light work on the grounds, while the women have done most of the plain sewing of the institution.

The Superintendent discusses at considerable length and



very fairly and sensibly the much mooted question of restraint or non-restraint. While condemning it as a general treatment he regards it as a necessity in exceptional cases, and then he prefers restraint to the use of stupifying methods that are used in its stead in some institutions. He mentions one case where an insane woman was only prevented from sticking herself with pins and needles by covering her hands with light canvas until the mania passed away. A male patient was treated in the same way to prevent him from pushing his thumbs into his eye sockets which he said the Lord commanded him to do. Another patient had to be put into restraint to defeat the most persistent and varied attempts at suicide that could be imagined. Restraint is used only to prevent suicide and mutilation and then with the greatest care.

Dr. C. Spencer Kinney, who has been connected with the institution for some time, has been appointed Second Assistant physician in place of Dr. N. Emmons Paine, who resigned on account of failing health, and has gone to Europe. This has been the only change in the faculty. Dr. W. M. Butler remains the First Assistant physician, and Miss Horton the Female Assistant and Mr. John Cochran the Steward.

The Superintendent mentions the organization of the Fire Brigade in the Asylum, which has already been noted in the press.

The Trustees report to the Legislature of the trust confided to their care is a very satisfactory one. The third building, known as pavillion No. 2, which has been in progress for a year or more, will be completed by the 1st of March next, and at a cost within the appropriation of \$150,000, which the State gave for it. An appropriation of \$8,000 is asked to furnish it and make it ready for occupancy. By finishing the garret, which is not usually done in such buildings, its capacity has been increased 25 per cent. over pavillion No. 2, and it will accomodate 175 patients. There are many now waiting to enter the Asylum whose applications have heretofore been refused for want of room.

**CATARRH OF THE BLADDER IN THE FEMALE—TREATED SUCCESSFULLY BY DILATATION OF THE URETHRA.**

BY A. V. BANES, M. D.

I had a very interesting case a short time since, and as the treatment was so eminently successful, thought it might be of assistance to some of the readers of your monthly. Mrs. F., one of our wealthiest ladies, had been suffering severely with chronic catarrh of the bladder for some weeks. She had terrible tenesmic pains in the bladder, constant desire to void urine a few drops at a time, anæmic, distressed expression, "complete loss of appetite, et cætera." She had employed several of our best physicians, and as she said, they had exhausted the materia medica. She had been fed on *opium*, *belladonna* and all kinds of diuretics until she was about disgusted. As she was six months advanced in pregnancy I made a careful examination, thinking it might depend on pressure, but everything seemed normal in that respect. So after testing the capacity of the bladder, I dilated the urethra and paralyzed the sphincter muscle so as to very readily admit my index finger. Of course all this was done under the influence of *sulphuric ether*. The bladder was gently syringed with *liq. calcis* one pint, *acid carbol.* half a drachm, for three days, and my patient has not had a semblance of a pain since. I saw her this morning, three weeks from the date of operation, and, under the influence of *tonics* and a generous diet, does not look like the same woman.—*Peoria Medical Journal*.

**MILK AS A CAUSE OF TUBERCULOUS DISEASES.**

Mr Fleming, veterinary surgeon to the Royal Engineers, has insisted upon the urgent necessity that exists for preventing the consumption of the milk and flesh of diseased

cattle. In a paper recently read by him at Norwich, England, he has adduced further proof of the extreme danger to the public from this source, and these proofs are certainly startling and worthy of notice. We learn that tuberculosis among cattle is greatly on the increase, and especially in the higher bred stock; some authorities going so far as to assert that five per centum are affected. As dairy cows are never inspected as to their state of health, as they furnish by far the larger proportion of phthisical bovines, there can be no doubt as to the gravity of the question in its relation to human tuberculosis. As the pig, an omnivorous creature like man, and bearing a close analogy to the lord of creation in other respects, is most readily infected by feeding with milk or tubercle, there is every reason to think that mankind, and particularly children, may be as susceptible as the porcine tribe. It is somewhat strange that though the note of warning was sounded so frequently and so long ago it should not have excited attention. It is not too late now to adopt precautions if what is reported be correct. It is high time that the sanitary condition of milk and flesh producing animals was ascertained. At present there is ample scope for free trade in these diseases and death-dealing articles of food. What with private slaughter houses and unvisited dairies, there is no check whatever.—*Sanitarian*.

---

## Books and Pamphlets Received.

---

THE ELECTROTYPED. Chicago, December.

HENRY C. LEA'S SON & CO.: Alphabetical Catalogue of Medical and Surgical Publications.

WOODCOCK'S PRINTERS' AND LITHOGRAPHERS' WEEKLY GAZETTE, 1878 and 1880. Murray st., New York. December, 1880.

THE NEW DEPARTURE—of the American Book Store. Standard books retailed at wholesale prices. 241 Broadway, N. Y.

PHYSICIANS' CATALOGUE: SEABURY & JOHNSON, Pharmaceutical Chemists, New York and London, Surgical Plasters and Antiseptic Dressings.

DR. MOSES T. RUNNELS, a homœopathic physician of this city, is entitled to the credit of having aroused public attention to the necessity of procuring a better supply of potable water than that furnished by the water works or wells of the city. Dr. Runnels began his investigations a year ago, and has kept persistently hammering at the subject until he has compelled the Board of Health to take action, and forced the directory of the water company to announce their willingness to make better arrangements for supplying the city.—*The Saturday Review*, Indianapolis, Jan. 8th, 1881.

At a meeting of the St. Louis Society of Homœopathic Physicians and Surgeons, held December 20th, 1880, the following resolutions were unanimously adopted:

WHEREAS, Dr. Jaques Ravold, of Greenville, Illinois, has been by death removed from our midst; therefore,

*Resolved*, That we, the members of the St. Louis Society of Homœopathic Physicians and Surgeons, deeply feel the loss of the deceased, who was an upright, conscientious and honorable member of our profession,

*Resolved*, That copies of these resolutions be furnished the several homœopathic journals, and that a copy also be sent to the family of the deceased.

W. COLLISSON, M. D.,

J. MARTINE KERSHAW, M. D.,

Committee.

TO OUR ADVERTISERS.—We cannot help admiring successful business men. They always use printers' ink without stint, and thereby prosper. We rather plume ourselves upon having the best advertising patronage of any medical journal of our school.

Our advertisers know where to invest their money to reach the most and best purchasers of their goods, and hence select THE ST. LOUIS CLINICAL REVIEW, whose readers, friends and admirers are legion, and dwell up and down our broad land, from ocean to ocean. Mensman's Peptonized Beef Tonic, Trommer's Extract of Malt, Reid & Carnrick's, Maltine, with its many combinations—Lactopeptine and Bromidia; Marsh's Pocket Spirometer, Horsford's Acid Phosphate, Johnston's Fluid Beef, D. P. Kane's Artificial Limbs, are first-class, reliable, honest goods, and are used extensively and with great success by our doctors in large numbers.

The Saddle Bags and Surgical Instruments manufactured and sold by A. M. Leslie & Co. and A. A. Mellier have a very extensively deserved sale; while Aloe & Hernstein are extensive importers of all kinds of Physicians' Supplies and Agents for Tieman & Co.'s Celebrated Surgical Instruments.

The two pharmacies that are advertising with us and prospering, and the eight medical colleges are flourishing beyond any previous year, viz: The Boston University, Michigan University, Iowa University, the New York College, the Cleveland College, the Philadelphia Hahnemann, the Chicago Hahnemann and the St. Louis College. Gentlemen: We thank you all for your patronage—are proud of you—and we believe that we have contributed to your prosperity, and so it turns out that we are all prospering together. We send you kind words of greeting, and trust the present year may be "a happy one."

# ICAL REVIEW

A. M., M. D., EDITOR.

---

FEBRUARY 15, 1881. NUMBER 12.

---

## V OBSTETRICAL PRACTICE.

---

F. M'CLAIN, OF FRANKLIN, IND.

---

10th Annual Session of the Indiana Institute of  
Obstetrics, Indianapolis, May 26, 1880.

---

I purpose to-day to give a special disquisition  
in general in the department of obstetrics,  
to give the experience of a single case, which  
fall under our own personal observation.

My patient, who furnished us with this bit of experi-  
ence, was a native of Cincinnati by birth, but at the period  
of her confinement was a resident of Indiana.

She was tall and slender in frame, delicate in feature, a  
sanguine, of the nervous temperament, married, and 24 years  
of age.

She was the mother of two children—boys—aged re-  
spectively  $3\frac{1}{2}$  and  $1\frac{1}{2}$  years.

On the 29th day of August, last, she aborted, about six  
months subsequent to utero-gestation. *This* mere fact  
is not at all remarkable. But further along in the history  
of our case, we may look for the anomaly in question.

During this six months, however, we might incidentally  
remark, that there were grave doubts in the mind of our  
patient, as well as in the mind of her husband, and

her physician as to whether the mere absence of the catamenia warranted the conclusion of pregnancy. No gastric disturbance had been realized. No functional or other disturbances had been experienced, as in former cases of pregnancy. No sensation of quickening had been realized, unless in a single instance, and that one being so slight as to leave a great doubt on the mind of the patient, as to whether it was an actual quickening, or a mere *nervous sensation*, which had been experienced. Added to this, neither the areola, nor the size of the abdomen, warranted more than a slight or doubtful opinion, or belief, that pregnancy existed. On the day previous to the abortion, however, her husband called at my office for some medicine for his wife, stating that she had pains about the uterus and lumbar region, with a show of returning menstruation.

I accordingly gave him some medicine, with corresponding directions as to its use, which she took during the day and evening.

The next morning, however, I was notified by the husband that my patient was no better, and that I had better call over and see her. I did so, and I discovered that what she supposed to be dysmenorrhea proved to be labor pains; and the supposed catamenial flow proved to be slight uterine hemorrhage. These pains were mild, but so regular in their periodical return, and a sensation—as my patient expressed it—“as if something ought to come away,” that I set about an examination. My explorations revealed a partially dilated os, and an occipital presentation of a foetus, with indications of a speedy termination. And within three hours thereafter the foetus was expelled.

At this juncture the anomalous condition of things began to be developed. And, in the first place, the foetus was perfectly enclosed within the investing membrane.

On a second look there appeared to be the entire absence of the umbilical cord. I laid the foetus aside and attended to the further wants of my patient, and in the meantime asked the privilege of taking the foetus to my office for examination, which was granted.

In entering upon the examination, I found the lost cord,

## Editor's Drawer.

WOMEN, 5th edition, is passing rapidly

this issue, was taken from "Trans. Am.

iminal supporter this month, to which we

Delphia, attended the recent session of  
Association at New Orleans, La., where he

Indianapolis, by appointment of Governor  
at State in the Quarantine Convention

CAPTIVITY.—Chas. E. Blumenthal, of  
was married December 16th, to Mrs.  
of New York.

of November 24th, 1880, Mrs.  
Eggert, of Indianapolis, Ind. Dr.  
many friends in his bereavement.

expect to be drawn upon through the  
for us, though very easy to them. The  
in March—the beginning of Vol. IV.

book on "Food and Management of  
turnally with *squalls*, such as were  
shed, or issuing from a dark alley at

of Aurora, Ill., on Dec. 26, 1880, a  
We know his son, F. L. Bartlett,  
nobleman, a graduate of our St.  
The deceased was at one time Pro-  
fessor.

Tenn., was present at the annual  
Orleans. He writes that it was a  
tion. He urges that our homeo-  
presents with the Association, and  
uncles and its work. He was also  
by Governor Marks, of Tennessee.

ceased to exist as a medical journal,  
n, as editor; but will continue as a  
I. C. G. Luyties, Pharmacist, well  
is as a live and reliable business  
ys and medicines. Dr. Good-  
CLINICAL REVIEW, so he will

## NOTES ON LONDON HOSPITALS.

### CHIAN TURPENTINE.

DEAR DR. VALENTINE—I doubt not but that your readers will be pleased to receive some further information on the practical results obtained from the administration of Chian turpentine, in cases of cancer, on this side of the Atlantic.

In the October (2d) number of the "Lancet" is an able article on this subject by Prof. John Clay, Obstetric Surgeon to the Queen's Hospital, Birmingham, in which the matter is so clearly presented, and the main facts causing dispute are so fairly set forth, that I am persuaded to make several extracts, especially as one case in particular is mentioned that had previously been under treatment at the Middlesex Hospital, in London, and though it is just possible that some of your readers may have seen the number of the "Lancet" referred to, but if they have I am sure it will bear reading a second time :

"It is a matter for regret that the supply of the genuine Chian turpentine has been so limited, as this has led to the substitution of fictitious drugs, the use of which, as I have previously explained, unfavorably influences the results, besides entailing the further disadvantage of preventing a thorough testing of this method of treating cancer. I believe it is a fact that Chian turpentine, in mass, can scarcely be procured in this country at the present time, and, therefore, it is obvious that the treatment of the disease must be somewhat in abeyance until a supply of the pure drug arrives from abroad. I hope that the difficulty will soon be overcome, as I have been making special efforts to obtain the pure turpentine direct from Scio, and have had three excellent samples of the genuine drug sent to me through the post from that island ; a supply may, therefore, be expected shortly, when the purity of the drug will at least be definitely determined.

\*

\*

\*

\*

\*



"The statements made in my original paper as to the efficacy of Chian turpentine in cancer appear to me to be fully confirmed by the additional experience gained in the use of the remedy. In the cases previously reported the cancer has disappeared, and there are no signs of its return. This fact must be considered at least as a complete refutation of the statements, recently and boldly made, that Chian turpentine in the treatment of cancer is perfectly useless.

The cases just referred to are unique of their kind; for, so far as I know, they are the only instances on record of cancer being cured solely by the administration of an internal remedy. I feel justified, therefore, in stating that uterine cancer at least may be removed by the use of Chian turpentine."

"It is a fact which ought to be expected that most of the cases of cancer which have presented themselves are in an advanced stage of disease; and more especially is this the case in cancer of the uterus. Yet the treatment continues to be very efficient. My experience does not stand alone in this respect, for several gentlemen have given independent testimony of the good effects produced by the turpentine treatment in cancer of various organs.

In my original experiments the turpentine alone was used in order to thoroughly test its efficacy, but it now appears that the use of certain local and general measures undoubtedly promotes the convalescence of the patient. It is possible, therefore, to formulate a line of treatment which shall be successful in cancers of the uterus. Hence, given a case of cancer limited to that organ, and a steady use of the remedy for six or eight months, continued with certain general and local remedies, if necessary, and a disappearance of the cancer may reasonably be expected.

Eleven cases of uterine cancer under this treatment at the Queen's Hospital, besides a number of others in private practice so far justify the preceding statements. Some very interesting facts have been observed during their treatment, which I hope to detail on a future occasion.

"It is advisable not to be too precipitate in rejecting a case of uterine cancer on the ground of its being too far

advanced for treatment. The following case, amongst others, is to the point. Mary B— took her discharge from the Middlesex Hospital, London, about four months ago, and, according to report, was informed that her case was incurable, and that she had not long to live. She had heard of the turpentine treatment, and was very anxious to be under my care at the Queen's Hospital, but I advised her not to undertake the journey, as I believed the case, from what I heard of it, was too far advanced for treatment. This advice, however, she disregarded, and became an in-patient in the Queen's Hospital. Here she was placed under the Chian turpentine, and improved so much in nine weeks that she is about to return to London with every prospect of soon being cured.

“In cancer of the uterus the conclusion expressed in a former paper, that the remedy destroys the cancer cells and causes the death of the growth, is strengthened by experience, and, as a consequence, there is cessation of pain, and hæmorrhage in the first instance. But the turpentine at first does not destroy the blood vessels of the part. As the dead tissue escapes, these become denuded, and give rise to hæmorrhage, especially at the menstrual period. In patients who have passed the climacteric period this has not been observed. *Ergot* has been found of no benefit in arresting the hæmorrhage. Insufflation, with three grains each of *sulphate of zinc* and *powdered charcoal*, once or twice a day, after syringing the vagina, has proved effectual, and appears to promote the obliteration and atrophy of the vessels. The same end may be obtained by using a weak solution of *perchloride of iron* and *glycerine*. I have ordered some patients to syringe the vagina daily with equal parts of common vinegar and water, with good effect. When the anterior walls of the vagina are involved, either primarily or from extension, the case is not so suitable for treatment with the turpentine. A vesico-vagina fistula is soon generally formed, but, if this do not happen, cystitis supervenes, and the patient succumbs to the uræmic symptoms which are rapidly developed. Moreover, the turpentine is not well tolerated; but when a fistula forms it is better borne, and uræmia does not arise.

“Excision of the cervix uteri is not advisable, as the disease readily extends to the anterior wall of the vagina subsequently; and then the bladder complications, above described, arise with increased force. The use of the curette is not so objectionable if it is employed to remove only the sloughing mass after some weeks’ use of the Chian turpentine, but it has not been deemed necessary to use the instrument, it being all-important to preserve as much normal tissue as possible.

The mode in which Chian turpentine affects the removal of cancer was well illustrated in a case of epithelioma of the vulva. The patient, aged sixty, had been operated upon for cancer of the clitoris or vulva. The case was reported in the “Lancet” at the time. The patient thoroughly recovered from the operation. About a year afterwards cancer reappeared in the lower part of the vulva and vagina. The growth was again excised, and she made a good recovery this time. About eight months afterwards a cancer appeared on the right labium, and when it was there seen for the first time it was the size of a half crown (a little larger than a fifty-cent piece).

It was determined to give the Chian turpentine, and the drug was given in full doses three times a day. At the end of the first week there was no alteration, excepting that the cancer was thought to be somewhat paler on its surface, and the surrounding swelling less. Second week—The growth was coated with a secretion of greyish color, which appeared to be firmly adherent. Fourth week—The growth was only half its former size. Its surface was somewhat convex, and was considerably thicker than previously, and was surrounded by a ring of a bright crimson color. One of the resident surgeons of the hospital who saw it remarked that it looked like a small mushroom springing from the vulva. Sixth week—The growth was now diminished to the size of a fourpenny (ten cents) piece, and was still surrounded by the bright-colored ring, but was free from the secretion. The surface did not bleed on being touched. Eighth week—The colored ring had disappeared. The growth was much smaller, and it had the appearance of a large ‘seedy’ wart, such as is sometimes

seen on the hands. Tenth week—The growth had all but disappeared, and the patient went into the country for a short time, but promised to report herself when she returned.

“In private practice three cases of cancer of the rectum are under treatment, two of which are much improved, and one has not been seen again, but a favorable report is given after seven weeks’ trial. Three cases of cancer of the stomach are under treatment; one has discharged herself, and the other two have remarkably improved, as regards freedom from pain and capacity for retaining nourishment, though continued sickness continued previously. So far as the treatment has extended, these cases seem to prove that the turpentine is equally, if not more, efficient in cancer of the stomach than of any other organ. In one case the glands of the neck were much enlarged; but these swellings entirely disappeared after the use of the remedy. Four cases of cancer of the tongue have been under observation. In one case the growth was as large as a cherry, and in four weeks it was reduced to a level with the mucous membrane, and it appears now to be cicatrising.”

For the remaining paragraphs of this very interesting article I must refer the reader to the paper itself; but I trust no apology need be made for the lengthy extracts quoted above.

Some months ago I visited the Cancer Hospital at Brompton, and also the Middlesex Hospital, for the purpose of learning the results of the Chian turpentine treatment at these institutions, and to prevent any mistake I will quote from my notes made at the time of each visit:

At the Cancer Hospital, Brompton, I am indebted to the kindness of the Home Surgeon, Mr. Bourns, for the opportunity of following up the line of treatment pursued here.

Chian turpentine has been extensively used in combination with sulphur, and the usual verdict is no success. Many other remedies have been used, including the *chloride of chromium*. I saw cases of *carcimona* of the breast—the *atrophia* kind—some of them involving the axillary glands, where the Chian turpentine had been administered for weeks, and in some instances over two or three months,

without any evident change in the condition of things. Cases of carcinoma of uterus—Chian turpentine administered—no good results observed. • Very bad case of carcinoma of inguinal glands—ulcerating—many remedies have been given, including the Chian turpentine, without improvement being apparent. Sarcoma of left maxillary region. Has been removed several times, but has returned each time, and now occupies the antrum and nostril of the left side. Chian turpentine made no impression here. In several cases of carcinoma of the tongue various remedies were used, but no marked success was obtained from any particular one.

These cases are a fair illustration of the estimation in which the Chian turpentine is held at the Cancer Hospital, Brompton, the London institution for treating this disease.

The result obtained from this remedy at the Middlesex Hospital, London, seems to be very similar to that at the Cancer Hospital. Mr. Lawson, Surgeon to the Middlesex Hospital, stated to me that “Chian turpentine had not proved at all successful in the treatment of cancer in the treatment of cases under his management;” and what cases I saw there certainly bears out this remark. The reader will remember that in extracts made from the paper of Prof. Clay, in the beginning of this letter, a case is mentioned that was discharged as incurable from the Middlesex Hospital, and that, after having been nine weeks under the care of Prof. Clay, at Birmingham, she returned to London “with every prospect of being soon cured.”

Now, there certainly must be a cause for this difference of result obtained from the administration of Chian turpentine, and I can conceive of no more likely one than that the drug is not always to be relied on as being a good article; and until this one point is settled by obtaining a pure drug, the efficacy or uselessness of the remedy will remain in doubt.

I have received an invitation from Prof. Clay, of Birmingham, to visit the Queen’s Hospital there, and see the result of his treatment of cancer, and just so soon as I can travel that distance (I have been confined to the house for some weeks passed) I shall avail myself of his great kind-

ness, and shall certainly write you the result of my experience there.

I hope soon to be in possession of some reliable Chian turpentine, and to watch the result of its administration myself on some cases in London.

Should this remedy prove of benefit in the treatment of uterine cancer alone, it will repay a thousand times any amount of trouble caused in obtaining a reliable drug.

It seems to me that any permanent good must come from an internal remedy given in these cases, for where the os uteri is removed by operation the disease usually spreads faster, and involves the bladder, rectum and vagina, and the urine and fæces pass by a common opening—a terrible condition of things. This rapid spread of the disease might not result if the os was removed at an earlier stage of the disease; but when the cases present themselves they are generally very far advanced; yet, though this should not so often be the case in private practice, who can say that diseases of the uterus—that much abused though sacred organ—are always treated rationally and humanely from the onset?

Fraternally yours,

W. JOHN HARRIS, M. D.

*London, December 31, 1880.*

---

### *FOREIGN LETTER.*

DR. VALENTINE—I received your December number of *THE REVIEW* a few days ago, and noticed therein a letter from Dr. Dudgeon, of this city, that would seem to require some explanation from myself.

At first I was inclined to be amused at the idea that a man who eats three square meals a day should be set down as a “phantom;” but this feeling was succeeded by one of sorrow for the gentleman who could write such a kind note—first, that he had perhaps forgotten some things that happened last July, and second, that he should imagine for one moment that I desired to have a “fling” at him, as he terms it.

Nothing was further from my thoughts than to say anything derogatory to the reputation of a gentleman holding such a high position as Dr. Dudgeon says he himself holds; and in making any reference to him in my note to the *Review*, I was under the impression that I was simply telling what he desired should be extensively known. I congratulate him, however, if I was under some misapprehension. Last July, shortly after my arrival in London, I attended a meeting of the Homœopathic Medical Society of London—I don't know whether it is the correct title or not). I went in company with two gentlemen from the United States, and at the meeting had the pleasure of being introduced to the representative Homœopaths of London—Dr. Dudgeon included.

It so happened that Dr. Dudgeon delivered the address of the evening, and the statements he then made led me to believe that he was advocating a "going over," as I termed it in my letter to *THE REVIEW*, that he has taken such umbrage at. I regret that I should have made any reference to the circumstance whatever, but I can not think that I was mistaken, because the two gentlemen who accompanied me certainly arrived at the same conclusion as myself, as we discussed the matter afterward.

If we were all mistaken, or misinterpreted the address, I am very much pleased to be correctly informed, and I certainly do not seek to start any cross-firing.

I have not called on Dr. Dudgeon simply because he did not ask me to do so when I was introduced to him, but I shall do so now to assure him of my most hearty good will, and to thank him for the value he evidently sets upon the good opinion of the Homœopaths of the United States in general, and St. Louis in particular. \* \* \*

I have been very much interested in reading the replies from the Homœopathic Colleges in all parts of the United States, in answer to the circular addressed to them by Wm Bayes, M. D., Hon. Secretary, London School of Homœopathy, and have been greatly pleased to notice in all the same liberality of thought so generally characteristic of American ideas.

While we are all most anxious to bring about a better



understanding on the relative position of Medical Colleges in the United States and England, I, for one, would advise a further and more comprehensive plan than that projected by the London School of Homœopathy.

So far as I have yet been able to learn, a man who graduates in *any* school of medicine in *any* country outside the British Isles, can not practice as a legally qualified man, nor obtain the same privileges that are enjoyed by those who graduate in England, Scotland or Ireland; he can not register under the medical act as it now stands. Suppose our friends in London established a college, and all our colleges in the United States should credit students visiting America with the lectures attended in London, and that those students then obtained their diplomas in the United States, they would not be able to practice as fully qualified medical men in any town or city of the United Kingdom of Great Britain. We should simply be in the same position as Bellevue, New York, and one other college in the Eastern States, stands in relation to the Royal College of Surgeons of England—that is, that the lectures attended by students at those two colleges in the United States are credited on the required terms at the college here—but this does not allow any man to register as a qualified man, unless he has actually obtained a degree from one of the examining bodies here. It is with this condition of things, therefore, that I fail to see where the practical good is to come from any plan being carried out as projected by our London Homœopaths. If I might venture to offer a suggestion to our London co-workers, it would be that they first of all organize a good college, with a strong faculty, and teach *every branch* of medical science, as recommended in an article published in the “Homœopathic Times” for December, 1880. If possible the lecturers should be ahead, in intelligence and ability, of any men in the old school colleges of London. This will not be an easy thing to do, and must necessarily be an up hill work for some time. Neither do I suppose the lecturers can be paid large sums for their services for some years to come, but I should think liberal men would willingly give their time for such a cause—as is generally the case in the States.



As Homœopaths we must not forget that the world—the people—judge us by our works—by the cures we make, and not by what we may believe to be the right law under which to administer drugs.

It is on the popular voice—the people speaking as one—that our thorough recognition must eventually depend, perhaps more so in the States than in England, but even here I judge it must be so to a very large extent. By this I mean that if 75 per cent. of the people of this country were in favor of colleges and hospitals being under the guidance of Homœopaths, it would not be many years before some, at least, would be under such management. That this is not the present state of the case, I think there is very little doubt. Having established the college in London on a sound basis and by a special charter, I think the time then would have arrived to take some steps for International recognition of diplomas. In this matter the American Homœopaths would have a strong voice, because the matter is at present all one-sided, the English and other foreign diplomas being recognized in the States, but not the degree of any one American college, so far as I know, being deemed worthy of registration in England. I hope it will not be many years before the American colleges will be so far ahead of the English that it will be deemed a high honor to hold an American diploma by English medical men. Supposing our friends in London are not able to turn out full-fledged doctors soon enough or fast enough to supply their present and pressing demand, we might perhaps send over a few of our new graduates from St. Louis, and I think there is little doubt that they would keep up the good reputation always sustained by the St. Louis College.

I hope a great number of the wisemen from the West will cross the Atlantic to attend the World's Homœopathic Convention here in July, and feel very sorry I can not spare the time to stay over 'till that time myself.

Please inform my friends that I hope to be with you in time for the Commencement Exercises. We shall start on the Steamer "Illinois," from Liverpool, on Feb. 23d, and certainly we shall not let any grass grow under our feet in crossing the deep blue sea, so that we may be with you for the Alumni meeting. Yours fraternally, W. JOHN HARRIS.  
*Tottenham, London, Jan. 24, 1881.*

## SOCIETY PROCEEDINGS.

NOVEMBER 8, 1880.

## DISCUSSION OF PREVAILING DISEASES AND INTERESTING CASES.

DR. EDMONDS: In the past few weeks I have seen quite a number of cases of remittent fever. I have tried hard to get the appropriate remedies, but the cases have not made satisfactory progress. They have run along two or three weeks, and exhibited considerable tendency to become typhoid. I have now on hand a case that has continued for four weeks. *Gels.* seemed to benefit a little at first, but not afterward. *Sulphate of quinine* gave no satisfaction. After the case had continued for a week the tongue reddened and became patchy. Considerable thirst was present, but not a great amount of heat at any time. Of the remedies tried, *nux* seemed to do best, suggested by the constipation which has characterized all the cases I have seen. A child in the same neighborhood in the case I have referred to was sick for three weeks. The temperature went up 1 degree, and the pulse varied from 90 to 110. Urine was scanty and high colored. I frequently used *enemata* at the request of the friends.

DR. CURTISS: In a case similar to those Dr. Edmonds has described, I gave 2 wet sheet packs, with a diet of Graham bread and gruel, and effected a recovery in two days.

DR. CARRIERE: I have had some intermittents that I have treated satisfactory with *cinchonidia*.

To one case of intermittent I gave *bryonia* on account of the great aggravation by motion, but without benefit. Then, because of a disposition to cry, I gave *pulsatilla*, and quickly cured the case.

I have had a number of cases of diphtheria that I have treated with *gelseminum* and *mercurius protoiod*, 2x. In severe cases I have the throat swabbed with *alcohol* and *tinct. sulphur*. I regard perspiration as a good sign, but if patients are dry and drowsy the outlook is serious. I have lost no cases this fall; but I lost one last spring. It was at the point of death when I was called.

DR. VALENTINE: I have seen lately what I regard as wonderful actions of remedies. One night I was called to see two children attacked with nausea and vomiting, clearly calling for *ipecachuanha*; left *ipec.* 3x, and went home. When I called next morning one child was well, but the other was panting and wheezing with a fine crackling, and presented all symptoms of congestion of the lungs, as we would see them in a case calling for *ipecacuanha*. The question immediately came to my mind, is this a case of aggravation from the remedy? I inclined to the belief that it was, and not remembering the antidote for *ipec.*, I left the two general antidotes for homœopathic remedies, *coffee* and *camphor*. The child was well next day. A month later the experience was repeated in another case with the same remedy, *ipec.* 3x. I have had another case of aggravation from *colocynth*. The colic for which I gave it was relieved, but cramps of the legs were produced.

Another case has been of considerable interest to me. An old lady of 66 years had an attack of erysipelas—the crimson shining variety—on her nose, extending up to her hair. I treated her with *belladonna* 3x internally and *dilute tinct.* locally, and she recovered. I continued to give her *sulphur* 30x, with a view of preventing further attacks. In ten days it returned upon her cheek from exposure to a cold wind, and I cured her, as I supposed, with *rhus tox.*, vesicular variety; but in ten days more it returned on the other cheek, and I gave her more *rhus tox.* She recovered again; but I mistrusted that there was something malarial about the case, she having been in a malarial region, and I gave her *cinchonidia*  $\frac{1}{2}$  gr. every morning. Two or three weeks passed without further developments, when all at once one morning she was taken with a terrible diarrhœa, had cramps in her bowels and legs, and cold sweat and breath, almost pulseless, and had to be carried in from the water closet. When I saw her I concluded I had a congestive chill on hand, but I did not *pour down* the *quinine* or *throw it up* her rectum, as the custom is. I had her wrapped up, hot bottles and hot hops applied, and gave *verat. alb.* 3x. In five minutes, warmth was returning, and she felt better, and in an hour the pain was

all gone, and she soon recovered. I continued the *cinchonidia*, and three weeks have passed without any more trouble\*.

DR. PARSONS: Last Saturday Dr. Dean showed us through the wards of the City Hospital. They treat erysipelas there with *F. E. ergot* locally and internally with success. No new cases are developed in the hospital. All wounds and cases of operation are treated antiseptically.

DR. VALENTINE: I treated a doctor for erysipelas, recommending the local application of *belladonna*. He put it on so strong that it poisoned him, made him blind, his throat dry and sore, with a fearful headache. In regard to the use of the *ergot*, I think it constricts the blood vessels and checks the inflammation, just as *hamamelis* checks hæmorrhage.

DR. PARSONS: An old gentleman had rheumatism in his ankle. His wife got hold of some *rhus* and applied it, slightly diluted. The ankle began to itch and burn, became red and covered with vesicles, and his hands and face were swelling. I saw him and applied *chamomile bags*, and gave *rhus* 200. In ten days he was discharged, and has had no rheumatism since.

DR. EDMONDS: I do not believe in isopathy, but in similars. When I was a boy the country people used to treat ivy poisoning very successfully with *nightshade* and milk.

DR. VALENTINE: I want to protest against the doctrine of isopathy. As to ivy poisoning, I have cured whole plantations in Kentucky with *bry.* internally, and never thought of any other remedy.

DR. PARSONS: I believe in trying the new things. I am certain I have seen benefit from the practice of isopathy. Our highest authorities tell us that the high attenuations will antidote the effects of the low. If we have symptoms calling for a certain drug I do not know whether it makes any difference whether they were caused by that drug or some unknown agency. In such a case of poisoning as I have mentioned the drug is not in the system to be eliminated or chemically antidoted, its effects only are there.

---

\*Feb. 15.—The lady has since had another mild attack of erysipelas (the 4th) after eating raw oysters, and she now remembers that three of her attacks have followed the eating of oysters *raw*, a cause of erysipelas not generally known.

DECEMBER 13, 1880.

DR. PARSONS presented pathological specimens, with remarks as follows :

I have here a heart showing considerable hypertrophy, dilitation of the left ventricle and degeneration of aortic valves, and a section of the popliteal artery of the same individual containing an embolus, which had caused gangrene of the limb.

The patient was attacked with rheumatism in the early part of October last, from which he was confined to bed for six weeks. Shortly afterwards discovered cardiac derangement, shortness of breath. palpitation, etc. About November 19, he had severe pains in the right foot, and afterwards the right leg as far as the knee, which the next day suddenly disappeared, leaving the limb cold and insensible, and mottled in appearance. There was no pulse below the popliteal space, and gangrene rapidly appeared. Not many days afterward the right side and extremities and left side of the tongue and face, suddenly lost their power of motion with but slight diminution of sensation. Dr. Kershaw had been called in consultation by the attending physician, Dr. Uhlemeyer, and pronounced it a case of embolism of the popliteal artery, with probably a speedy and fatal termination. I was summoned on account of the gangrene of the leg, which extended nearly to the knee. The heart complications, the paralysis, and the exhausted condition of the patient, forbid amputation, yet it was suggested for the sake of preventing the cry of improper or neglected treatment by busy-bodies or allopathic foes. His death occurred eighteen days after the plugging up of the popliteal artery, and a post mortem revealed an embolus in the brain, and another at the bifurcation of the popliteal into the anterior and posterior tibials. There was engorgement of the lower lobes of both lungs, with extensive pleuritic adhesions, and the organic cardiac changes as observed in the specimen. The hypertrophy and dilitation are both probably secondary sequences to the degenerative valvular changes, and the emboli were no doubt detached by the arterial current from the borders of the aortic valves, which you will observe are ragged or fringe-like, with extensive fibrous deposits on their free borders.

Another specimen was an urinary calculus, taken from a boy seven years old.

The patient from whom this stone was taken was brought to the children's hospital to be treated for incontinence of urine. He had not the least control over the bladder, and night and day a constant dribbling of urine kept up, which rendered him an object shunned by everybody. He had been in the city hospital, where they "sounded" him but found no stone. I passed a steel sound into the bladder and failed to discover any foreign body. Two days afterward I tried again and felt the "click" almost as soon as the instrument entered the viscus. After consultation with the hospital staff, who advised an operation, I cut into the bladder by the left lateral method, and found this specimen embedded in the posterior wall near the fundus. By means of the scoop it was removed from its bed and caught in the forceps, by which it was extracted after some difficulty. One peculiar feature in the case I wish to relate was this: On the twentieth day there suddenly appeared fæcal-matter in the urine flowing through the wound, which ceased after a continuance of thirty-six hours. There had been no rise of temperature, no increase of pulse, no pain or swelling in the perenium or region of the bladder to indicate the formation of an abscess, and I can account for this only on the ground that sloughing had probably taken place in the floor of the membranous urethra, due, perhaps, to a laceration or injury in the effort to extract the stone. Recovery was rather slow but is now perfect.

The last specimen was a liver weighing  $19\frac{1}{2}$  pounds, and exhibiting a texture and elasticity resembling rubber. Over a greater part of its surface were nodular elevations. The Doctor called the disease melanoid cancer. A tumor had been removed from the patient's eye a few weeks before his death. He remarked:

The subject from whom this specimen was removed, entered the Good Samaritan Hospital November 3d. Constant short or aching pains in the abdomen, right hypochondria, but he had also gastric disturbances, such as occasional nausea, belching, distressed feeling of tightness, loss of appetite, with constipation, high colored or cloudy

urine, shortness of breath, foul tongue, general moisture over the body, sleeplessness, etc., from which he had been suffering for many months, and was gradually growing worse. Six weeks previously he had had removed from the right eye an encephaloid tumor, which necessitated the removal of the whole globe. An examination by the hospital staff was made, and a diagnosis of malignant disease of the liver rendered. The patient's condition rapidly became more distressing and exhausted, the abdomen enlarged wonderfully fast, the walls appearing tightly drawn over a tumor in the right hypochondria, very tender to the touch, large and distended veins were visible in the parietes, and death took place about five weeks after his entrance in the institution. A post-mortem examination revealed a hard, resisting tumor, dark or mottled in color, with spots of a deep blueish-black hue, nodulary, which filled the right hypochondria, epigastric, and part of the left hypochondria, right lumbar, umbilical, and right iliac regions. The mesentery and layers of pelvic peritoneum and mesenteric glands were the seats of cancerous deposits, as also were the pancreas, right leaflet of the diaphragm and abdominal wall. Its weight is 19½ pounds, and its variety melanoid.

The Catarrh of the Respiratory Organs was then taken up.

After the causes and pathology of the disease had been described by Drs. Cummings and Morgan, discussion occurred, as follows :

DR. COLLISON: In chronic catarrh I have the best success when I use local as well as constitutional treatment, but, if the causes and conditions that have produced the complaint continue to be present, no mode of treatment is very satisfactory. If the disposition to catarrh has once been established, the disease, like consumption, is very apt to recur. For nasal catarrh, *kali bi*, *ars.* and *puls.* have been the remedies most satisfactory to me. Lately *alumina* has relieved in three cases, with profuse stringy mucous which was not benefitted by *kali bi*. I am now using in the treatment of some cases a local application consisting of an ounce of *calendula tinct.* and a dr. of *carbolic acid* to a pint of water. I apply this once in two or three days



in a spray or douche, and direct the patient to snuff some of the same up the nose occasionally. In the treatment I always try to avoid irritation. There is another quite interesting case that I have been treating quite successfully. For six years a lady has been greatly troubled by terrible frontal headaches, followed by perfect torrents of mucuous from the nose, which thickened with the advance of the attack. The attacks considerably resembled those of hay fever. I treated her with inhalations of *ether* and *choloroform* during the attacks and *cimicifuga ter die*. She has been really free from the complaint for six weeks.

DR. FROHNE: For pharyngitis I use a gargle of *merc. cor.* 1<sup>st</sup>; for hypertrophy of the tonsils, *carbo iod.*; for inflammation of the Eustachian tube, *petroleum*. For chronic pharyngitis, if scrofulous, I use *sulphur*, *phos.* or *alumina*, and may be *arg. nit.*, or *acet.*, locally.

DR. CUMMINGS: For catarrh I have used with benefit a spray of *benzoate of soda*. It seems to have no effect upon diphtheritic membranes. Sprays should be used as hot as can be borne.

DR. KERSHAW: I am treating a girl that suffers from headaches which indicate that the frontal sinuses are involved. She also has pustules on the scalp. I have given *sulph.*<sup>30</sup> with some improvement. Catarrh is moist or dry, according as there is hypertrophy or atrophy of the mucous membrane. Worms have been known to take lodgings in the nasal cavity and cause catarrh. They are hard to remove, but *chloroform* may do it. Vegetations on the back of the pharynx may cause catarrh, which can only be cured by treatment directed to them. *Nitric acid* locally, I think, is best. The douche is of some benefit, I think, in the treatment of catarrh.

DR. CURTISS: Can the sense of smell be restored after it has been lost through catarrh?

DR. WALKER: The sense of smell will generally be restored if the catarrh is cured; but I think chronic cases are almost never permanently cured in this climate. The same predisposition and conditions which caused the disease in the first place continue and render a cure almost impossible. Change of climate and habits is about the only cure for catarrh.



There is some peculiarity about the acute catarrhs that has been prevailing this fall. They seem to be somewhat malarial. *Quinine* helps some cases, but not all. At the onset of the disease, when there is hot head, *baptisia* or *gels.* may afford relief. The disease is too deep-seated for *camphor.* I relieved one case remarkably with *nux*, but it did no good in others. In the later stages *merc. ars.*, and especially *hepar.* have been most satisfactory. I use *ars.* when the discharge is acrid, and *ars. iod.* if I think there is a scrofulous taint.

DR. GUNDELACH: I use *acon.* and *nux* in the beginning, and *merc.* generally in the latter part of the disease. Acute cases nearly all get well any way, whatever the treatment, and chronic ones are never cured, I think.

DR. KERSHAW: On what indication is *baptisia* used?

DR. WALKER: A pointed sappy tongue and listless manner.

---

*DR. G. S. WALKER'S PRESIDENTIAL ADDRESS BEFORE THE WESTERN ACADEMY OF HOMŒOPATHS, AT MINNEAPOLIS.*

---

I cannot let this good opportunity pass without saying a few words upon the text given above.

Many of us have known Dr. Walker, of St. Louis, for several years, as a hard-working, faithful practitioner of medicine. We have known of his success and local reputation; and, at times, coming in contact with him, we have enjoyed an hour's conversation and learned to prize the learning and the wisdom of the man. But, till the address delivered at Minneapolis came before us, we little thought of the literary and logical power stored up in his massive head.

I am not writing a review, nor a notice of the pamphlet lying upon the desk before me—that must be done by my good friend the Editor—but I wish to discourse, briefly, upon the good fortune of the profession in breaking an earnest man away from the daily drudgery of practice, to open out the gathered treasures of his mind for the benefit of the medical world. Dr. Walker, in beginning his address, says: “I was lying mentally crippled, I fear, by the sullen pool of Absorption in personal interests and professional cares, when your angel kindness descended and so troubled the stagnant waters of my life that I feel, throbbing in my mental veins, something that resembles the strong current of returning health. Or, to change the metaphor, I was mentally growing old—had paced my score and bidden a tacit farewell to the more active duties and responsibilities of the world of mind—had resigned myself to dressing-gown and slippers, and was only thinking how I might spend my declining years in pleasant and graceful repose, when your flattering courtesy came, like the fabled adventurer of the East and led me to the fountain of perpetual youth, and I drank and became—*the boy you see.*”

Here comes into bold relief *the immense good of society organizations*. They take men from the limited circle of their daily rides, from sick-room scenes, where contradictions and controversy, professional criticism and conflict seldom enter to make up and sharpen their minds, into an arena, where thought strikes thought and argument grapples with argument, in the effort to win the golden apples of truth. I could, at this moment, name quite a number of medical men in the United States, who, like Dr. Walker, have been for years and years visiting the sick and prescribing remedies with exceeding care and great success, whose words are law and whose very presence brings relief to a large circle of clients—whose influence spreads over an entire city or region of country—that would immensely increase their sphere of usefulness and aid the profession at large, were they to attend the large society meetings and take part in the transactions.

---

*Bro. Editor*—the above was written upon first perusal

of Dr. Walker's fine address, but, somehow got shoved away among other papers, so as to escape my attention till this moment. The inspiration of that pleasant hour has given way to the demands of daily work, so that I can not finish what was then in mind.

I send the opening thought, however. It may prove suggestive. J. P. D.

---

*INFLUENCE OF CLIMATE IN CONSUMPTION.*

---

Prof. Barthalow, of Philadelphia, speaks of this subject as follows :

“In considering the subject of a suitable climate for a pulmonary invalid, I will not go beyond the limits of the United States, within which are contained the utmost variety, and, indeed, the perfection of health resorts for this purpose. In the absence of any statistical data showing the results of prolonged residence in particular localities which might indeed settle the question, we have some general principles to guide us, too little regarded by the profession, but of great value. We owe to Dr. Bowditch, of Boston, the eminent physician and sanitarian, the first principle, which he established for Massachusetts, and which have been confirmed on a larger scale for England. The Bowditch generalization is, that there is a constant ratio between the number of cases of consumption and the amount of water—rainfall and collections of water in streams, ponds and lakes. This principle is not applicable to the ocean, where other conditions obtain. Certain parts of England, having had a large mortality from consumption, present a very different report since suitable drainage works have been put into operation. You need only to cast your eye over the elaborate Atlas of Medical Geography by Lombard, to see how large a part excess of moisture plays in the geographical distribution of phthisis. All along the sea-coast are traced the deeply-shaded lines, whilst in the elevated interior regions the mortality has disap-

peared. It is true that density of populations and other evil hygienic influences are at work, but excess of moisture is a large factor.

Next to dryness of soil and climate as a remedy for consumption is elevation. This fact stands out as conspicuously in the great Atlas of Medical Geography as the previously-considered influence. In the elevated regions—the great plains and plateaus of India, Africa and America—phthisis is almost unknown (Lombard, vol. iv. p. 420). Elevation has an important influence in the relief of phthisis, because the air is dry and rarefied. Breathing rarefied air lessens the intrathoracic pressure, increases the rate of the respiratory movements and the rapidity of the pulmonary circulation. Residence in a rarefied atmosphere increases the rapidity of the circulation and the amount of blood in the peripheral vessels. The influence of these factors in promoting digestion, assimilation, and tissue metamorphosis are unquestionable. Uniformity is only less important as a requisite for a climate for pulmonary invalids. The reason of this requirement is obvious. Those invalids in a condition to be benefitted by out-door exercise need an equable temperature in which to pursue their sports or recreations with safety. But more important than this is the bad influence of a variable climate in causing attacks of bronchial catarrh, a morbid process so much concerned in the production of caseous phthisis. Applying these principles to the question of a climate for consumptives, I place first on the list the great plains and plateaus of our interior continent, next certain parts of California, then a limited district, of which Aiken, South Carolina, may be regarded as the center, and lastly, the upper lakes and Minnesota and the Red river of the North.—*Medical News and Abstract*, May, 1880.

---

### *BROMIDIA.*

---

Having used *bromidia* for the last eighteen months, I am now convinced that it merits a leading place among our best therapeutic agents. I have used it frequently, and find it without an equal in quieting the cough in pulmonary

consumption. In every case of this disease in which I have used it, it has never disappointed in completely controlling this troublesome symptom, thereby securing a rest at night with refreshing sleep. It does not depress the patient or destroy the appetite as opiates do when used for this purpose. Of course, I do not claim that it exerts any influence over the disease, but by its influence in quieting cough, securing sleep without destroying appetite, it gives us a chance to improve the condition of the patient by regulating diet, tonics, etc. I usually prescribe *bromidia* with equal parts of *syr. prunas vir.*, beginning with a teaspoonful three or four times a day (of the mixture), increasing the dose until relief is obtained. In the cases where the cough is troublesome only at night, I find one dose an hour before bedtime, and repeated before the patient retires, to effectually control the cough for the entire night.

I have used *bromidia* in three cases of delirium tremens, in all of which it acted like a charm. I gave a teaspoonful every twenty minutes until sleep was produced. I am now using it in several cases of whooping-cough. It controls the cough, but I am at present unable to say what effect it will exert on the ultimate course of the disease.

In all cases where there is restlessness or inability to sleep from any cause I use it, and have never been disappointed with the result; in fact, I consider it one of the very best remedies at the disposal of the profession.

WM. J. LANGAN, M. D.

2609 West 18th St., St. Louis, Mo.

---

### *BILIARY CALCULI.*

---

EDITOR MEDICAL BRIEF:—In the June number Dr. C. S. Smith asks for a reliable remedy for biliary calculi. I. J. M. Goss, M. D., gives him an uncertain reply, with questions, etc. Let me inform them that I have suffered from the presence of gall stones as persons seldom suffer. For fifteen weeks almost every day one or more calculi passed, and, consequently, the pain and anguish was every day in-

creased to that extent that the inhalation of *chloroform* appeared to me to be the only thing to keep body and soul together. *Chloroform* gave only temporary relief. Have inhaled it over a hundred times. Used every remedy of the materia medica that promised any relief, as prescribed by our most learned and experienced doctors, but without relief from any of them. Finally, upon advice of Dr. Pitchers, of Detroit, took the then new remedy, which relieved me of over one hundred crystallized globes as large as a marrowfat pea at one evacuation. I have since treated more than a score of sufferers with the best results, and to the satisfaction of all concerned. Remedy: *Sweet olive oil*, six to eight ounces. First empty the stomach by emetic or by fasting (the latter way preferable). Twenty or thirty minutes after swallowing the *oil*, which will give time for it to pass into the duodenum, recline upon the left side, with the hips elevated higher than the shoulders. The *oil* will find its way down the ductus communis and reach the enemy in their castle, to-wit, the gall bladder. Every calculi will be lubricated and slide out of the fount and through the intestines. Now, to be certain that the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating upon the water. No cathartic will be necessary. Nothing more need be done. I recommend the foregoing treatment with the utmost confidence. I have experimented extensively upon *cholesterine*, but have never discovered a solvent that could be safely introduced into the stomach. Our supposition is, that the occasional use of the *oil*, as above, the *cholesterine* will not crystalize in the human system.

J. W. BABBITT, M. D.

Ypsilanta, Mich.

## Surgical Bureau.

---

In Charge of S. B. PARSONS, M. D., Surgeon.

---

### *EXTIRPATION OF ENTIRE UTERUS FOR UTERINE FIBROMA*

BY S. B. PARSONS, M. D.

---

Mrs. K., aet. 30, German, has had menstrual irregularities for many years, being at times too frequent, then delayed, too profuse, accompanied by pain of various characters, which were sometimes very severe. Three years ago she first noticed there was a tumor in the hypogastrium, which slowly increased in size, and a year afterward discovered that there were two instead of one, and another in the pelvis, which could be easily felt through the vaginal walls. Difficulties and derangements of defecation and urination began about this time to appear, and continued in varying degrees up to the time operated upon.

Previous to my being called to the case, surgeons and physicians in considerable number had been in attendance, but any relief they may have given her was only of temporary duration. The tumors grew upwards and downwards, causing her great distress of mind as well as of body, until, in desperation, she concluded to try a homœopathic physician, and Dr. Adolphe Uhlemeyer was summoned, who at once recognized the gravity of the case, and requested me to meet him in consultation.

A careful examination developed a tumor which completely filled the pelvic cavity, and so pressed upon the rectum as to prevent fecal matter from passing beyond the sigmoid flexure in any manner other than an occasional lump.

The vaginal growth was pressed firmly against the posterior vaginal wall, crowding the uterus close behind the symphysis, drawing it upwards, making it rather difficult to find the mouth and neck. The tumor could not be lifted

from the pelvic cavity by the hand introduced into the vagina, so tightly was it wedged in this space.

In the abdomen two other tumors could be felt, one quite moveable and the other stationary. None were tender to the touch, excepting at one or two spots, which were thought to be due to attacks of local peritonitis. Attending this condition were many of the symptoms of pregnancy, such as morning nausea, enlarged and tender breasts, bluish appearance of the vaginal walls, frequent micturition, with pain at the external meatus, due to a vascular growth there located. After thoroughly surveying all the different phases of the case, a removal of the tumors by laparotomy was advised, and the probabilities of an unsuccessful issue, as it might be necessary to remove the whole of the womb in order to completely extract the diseased mass, were plainly presented to her and her husband. Her answer was, that she would as soon die as live longer in the misery she now suffered.

On February 1, assisted by Drs. Uhlemeyer and Collisson, Messrs. Guilbert, Doty and Shirley all preparations having been made, she was anæsthetized, and an effort made to remove the growth through the vagina by enucleation, which failed on account of the size of the tumor, and also because it had no distinct capsule. An opening into the abdominal cavity was then made in the median line, extending from two inches below the umbilicus to the symphysis, and a full exploration with the hand instituted, which disclosed the fact that the large tumor felt in the vagina and the large one in the umbilical region were only the upper and lower ends of the same growth, and involved the whole posterior wall of the uterus. There were no peritoneal adhesions, and no ascitic fluid. The abdominal wound was lengthened to an inch above the umbilicus to permit turning out of the mass, as the first opening was not large enough. When fully exposed to view it was seen that both ovaries were in a state of degeneration, each containing small cysts, and the right ovary showed a fresh rupture of a Graffian follicle, although it had been nearly four months since she had menstruated. The right broad ligament contained a cyst the size of a pullet's egg, and the anterior uterine wall was the seat of a polypoid sub-peritoneal fibroma.



I now decided to remove the uterus as well as both ovaries, and, transfixing the supra-vaginal cervix with a large needle, I tied it firmly with a double ligature of stout fish line, embracing in the anterior loop the left broad ligament, and the right broad ligament in the posterior loop. By a few sweeps of the knife the whole of the diseased parts were severed above the point of ligation, in doing which a quantity of blood flowed from the tumor and uterus into the abdomen, notwithstanding a compress was held closely around the pedicle to prevent such an occurrence; but the continual protrusion of the intestines disarranged it and allowed more or less to run back into the cavity. Carbolized sponges were used to cleanse the peritoneal surfaces, and so continued until they returned clean or without any blood stains. The cervical stump was drawn down to the lowest point of the external wound, and fastened there by two strong sutures introduced through the integuments of the left side, made to transfix the cervix and pass out at a corresponding point of the skin on the right side. The remaining part of the abdominal wound was closed by deep and superficial sutures, antiseptic gauze and bandage applied, and over all a thick layer of wadding. The patient was then carried to her bed, and four hours afterward reaction was fairly established. *Ars. 3* and *quinia* were given alternately every two hours, and the first night passed in comparative comfort, there being but little pain, some nausea, and about four hours' sleep altogether. The next day the nausea increased, and its increase proportionally aggravated the sufferings, which, in spite of all our efforts to check it, continued to grow worse; vomiting of a greenish, watery substance followed, the strength rapidly failed, and she died about forty-two hours after the operation.

I should have remarked that everything used at the operation was carbolized, as well as were the operating room and room in which she was afterwards put.

**TREATMENT OF HEPATIC ABSCESS BY  
LARGE INCISIONS UNDER LISTER'S  
METHOD.**

Dr. Rochard recently presented a communication to the Acad-de-Med., on the above subject, the gist of which was as follows: Local pain is felt only when the pus has approached the surface of the liver, thus causing a perihepatitis. Sometimes a voluminous abscess will be found at an autopsy when vital symptoms of its existence were never obtained. Reflex pain in the right shoulder is no characteristic symptom. In most cases the hepatitis follows dysentery or other diarrhæal affections. The affection may be suspected when a person having suffered from enteritis develops fever, is troubled with his digestion, and shows an enlarged liver. When the febrile movement assumes a hectic type the formation of pus may be known to have occurred, and explorative puncture should not be delayed. Frequently it becomes necessary to make several such punctures before pus is detected. *This is a harmless procedure.* (The italics are our own—Ed.) Pus having been found, a large incision, parallel with the direction of the ribs, should be at once made. The cavity of the abscess is then to be washed out with *carbolyzed water* until thoroughly eleansed. Then a large drainage tube is inserted deeply into the wound, secured in its position, and then covered over with the Lister dressing. This is to be removed once a day, the drainage tube being also removed for cleaning at each time, and reinserted after having been shortened to correspond with the shrinkage of the cavity. In the three cases described by Rochard this shrinkage was remarkably rapid, and it was associated with a return of the patient's appetite, a permanently febrile condition, and a corresponding amelioration of the patient's general health. The facts relating to these cases were obtained from Dr. Little, of the Shanghai Hospital, and a French Marine Surgeon, who had himself undergone the operation. A fourth successful case, referred to by Dr. McLean, was also alluded to.

[We suppose the author means exploration with the aspirator when he speaks of explorative puncture and its

harmlessness, and to make the operation devoid of danger it must be borne in mind that aspiration should be kept up while the needle is being withdrawn, else the contents of the sac may find its way into the peritoneal cavity and develop a rapid peritonitis].

---

### *CANCER OF THE RECTUM.*

---

In the "N. Y. Med. Jour." for Dec., 1880, Dr. C. B. Kelsey presents an analysis of one hundred and forty cases of excision of cancer of the rectum, and draws the following conclusions of the relative value of excision, as compared with lumbar colotomy :

First—The fatal results which have thus far been recorded as following excision, nearly all occurred in cases where, from the extent of the disease, such a result was not improbable.

Second—When the disease reaches above three inches or involves neighboring parts to such an extent as to render its entire removal without injury to the peritoneum questionable, the operation is contra-indicated.

Third—Although there have been a few cases of cure, such a result is so rare as not to justify the exposure of the patient to the risk of immediate death which attends the attempt to remove extensive cancerous disease.

Fourth—The operation is chiefly valuable as a palliative measure, and as such it is applicable to cases where the disease has not made extensive progress.

Fifth—As a palliative measure, in proper cases, it compares favorably with the results of lumbar colotomy, both in prolonging life and in relieving pain.

Sixth—The operation is not followed by an annoying incontinence of fæces, except in a small proportion of cases.

Seventh—The operation is not a substitute for lumbar colotomy in cases where the disease has reached more than three inches from the anus.

Eighth—There is no proof that the operative interference shortens life by hastening the progress of the disease.

*CASE OF CHOLECYSTOTOMY.*

An interesting case of cholecystotomy, performed for dropsy of the gall bladder, due to impaction of a gall stone, has been reported in the "Medico-Chirurgical Transactions," vol. lxiii, by Dr. Lawson Tait. The patient was a female who had enjoyed good health until the summer of 1878, when she complained of severe spasmodic pains in the right side, which were aggravated by walking or by lifting even slight weights. In September of that year she noticed a swelling at the seat of pain, and this slowly increased. She then began to lose strength and flesh rapidly, and on admission to the hospital presented an emaciated and almost cachectic appearance. She suffered from incessant headache and obstinate constipation. When examination was made, a heart-shaped tumor was detected at the seat of pain, directly over the right kidney, which was perfectly moveable, and extremely tender to touch. No decided diagnosis was made, but in consultation it was determined to open the abdomen, as recommended Drs. Hanfield Jones and J. Marion Sims, in order to ascertain the nature of the tumor. An opening was, therefore, made in the abdomen in the middle line, to the extent of four inches, the umbilicus forming the centre of the incision, when it became evident at once that the tumor was a distended gall bladder. After withdrawing some twelve ounces of a white, starchy-looking fluid, the gall bladder was opened at the point of puncture, and a large, round gall stone removed, weighing 4.2 grammes. On further search another of larger size was found, impacted at the entrance of the duct. This was difficult to seize, and was subsequently found adherent to the mucous surface. To remove the impacted stone without tearing the walls to which it was attached was accomplished by a very careful and protracted lithotomy, when the nucleus was discovered and removed. The cavity was then washed out thoroughly, and the wound in the gall bladder stitched to the upper end of the wound in the abdominal wall by continuous sutures, leaving the aperture in the bladder quite open. The abdominal opening was then closed in the usual way. The operation was performed with complete antiseptic precautions. The patient rallied subsequently, and continuing to improve, left the hospital in one month, free from pain and all her former symptoms.—*Med. Rec.*

## Book Notices.

---

OUR OCCASIONAL.—From Cincinnati Type Foundry, January Number.

GOOD LITERATURE.—A weekly, published by American Book Exchange.

SAMPLE pages of *Ludlam's Diseases of Women* 3rd Edition.—By Duncan Bros., Chicago.

NEW YORK MEDICAL ABSTRACT.—Vol. I, No. I. A monthly journal of condensed medical news.

CATALOGUE of Field, Garden and Flour Seeds for 1881. For sale by Joseph Harris, Rochester, New York.

PROPORTIONS BY WEIGHT AND EQUALIZATION OF DOSES.—By Albert Merrill, M. D. Reprint from "New Remedies," Jan. 1.

ADENOID OF THE RECTUM — EXTIRPATION — RECOVERY. By F. I. Lutz, M. D. Reprint "St. Louis Med. and Surg. Jour."

THE MEDICINAL TREATMENT OF DISEASES OF THE VEINS.—By J. C. Burnett, M. D., London, England, with the author's compliments. Review to follow by a Surgeon.

FERMENTATION, as a process in the disinfection of rooms, after small-pox.—By J. P. Dake, M. D., Nashville, Tenn. Reprint from the "Hahnemannian Monthly," Jan., 1881. This we shall copy into our pages next month, as Small pox is now getting epidemic in many places in the West.

BOERICKE & TAFEL'S QUARTERLY BULLETIN.—In which we learn that our Prof. Edmonds, as good and true a man as ever stood behind a lecture desk, has "In preparation for the press, a Book on Diseases of Infants and Children." Duncan! Look out for your laurels. You know how Chicago loves St. Louis.

TEETHING AND CROUP.—By W. V. Drury, M. D.,—M. R. J. A., Physician in charge of Diseases of Children to the London Homœopathic Hospital. Enriched with notes and additions, by T. C. Duncan, M. D. Another well written little book on two very important subjects, which, after being "enriched" by Duncan, reaches us in good style. 58 pages—something smaller than "How to be Plump."

PHTHISIS PULMONALIS, and its Treatment with Hypophosphites.—By L. de Bremon, M. D., University of Paris, (France.)

The author takes the ground that the "diminution of the phosphorus element in the system is one of the essential conditions of the tuberculous diathesis." In some way this phosphorus must be supplied, in order to accomplish a cure, and gives preference to the hypophosphites.

He states positively that cod liver oil neither cures nor retards the progress of phthisis, but that an easily assimilated preparation of phosphorus will cure "in all cases." "When the pre-existing lesion is not sufficient to cause death."—*Churchill*

**MEDICAL LEGISLATION.**—A discussion of the two Senate bills now before the General Assembly of Tennessee. By a Citizen. Said Citizen is opposed to Examining Boards, such as they have in Illinois, and are about to pass in Missouri, but is in favor of leaving it to the people to decide by the doctors success, whether he is competent or not to be entrusted with their lives and health. That neither Colleges, nor Boards, could make a man honest, or capable, or correct. That "diplomas are not hard to get," and that the judgment of an "enlightened community in which he lives and labors," is safer than the certificate of a set of examiners, who know the applicant "but an hour."

**OBJECTIVE POINTS IN THE TREATMENT OF PHTHISIS.**—By Wm. Porter, A. M., M. D., St. Louis. Reprint from "The Medical Herald."

This paper discusses and criticizes Prof. Austin Flint, Sr's. position that "Phthisis is a self limiting disease." Dr. Porter controverts and denies this position, and points cases to prove his views. He claims however, that this fell disease "may be limited by treatment." He thinks more of "maltine with peptones" than of cod liver oil; and here we agree with him, and for "the night sweats of phthisis" he says: "Oftentimes this symptom may be controlled by a few grains of Dover's powder at night, and at the same time rest be secured from cough." Here we agree again, and this is as fine an illustration of *similia* as can be found in medical literature.

A *diaphoretic* given for a *diaphoresis* by a well known specialist, accomplished in the therapea of his own school.

**THE FEEDING AND MANAGEMENT OF INFANTS AND CHILDREN, and the Home Treatment of their Diseases.**—By T. C. Duncan, M. D. Sold only by subscription. Cloth, \$2. Half morocco, \$2 75.

It is almost a work of supererogation to attempt to review this book, wherein so much useful knowledge is gathered and grouped, and imparted. It is *par excellence*, the best work extant on the subjects treated, and surely ought to be in the hands of every wife and mother, and I would add, sweetheart, too. It is none the less valuable to the physician as a *suggester*, and for the reason that the ground is well covered and discussed from the standpoint of physiology. And this constitutes the author's impregnable position, and makes it a pleasure to follow him, as he will invariably, give a scientific explanation for each morbid phenomenon with the physiological, dietetic or homœopathic remedy for its removal.

In this respect he has pushed ahead of the great mass of writers, and given us his views, evolved through many years of careful and thoughtful study and experience. The philosophy of common sense permeates every page, with no attempt at show of learning, though learning shows itself, through the extensive knowledge made use of. From among the host of good things, we select Chapter III Pt. I. on "Common Causes of Diseases among Children," as one of the best. Here he discusses the effects of the climate of Europe, America and the

different States, and claims that the predisposing causes are "climatic, national and constitutional," the exciting causes, chiefly "atmospheric, hygienic, and dietetic." There is much that we did not know, and are glad to learn in this chapter. The book is uniquely illustrated, and handsomely bound in olive green and gold, fit to lie upon the table in any lady's boudoir. As it is to be sold only by subscription, it will probably reach a sale of 20,000 copies in two years, and will do a world of good. The mothers sigh for it, and the children cry for it.

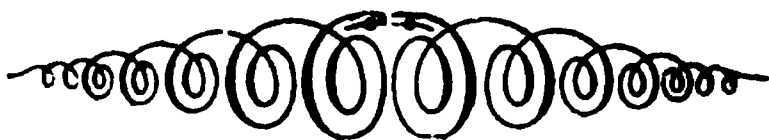
AN INDEX OF COMPARATIVE THERAPEUTICS—With Tables of Differential Diagnosis. A pronouncing dose-list in the genitive case. A list of medicines used in Homœopathic Practice. Memoranda—concerning clinical thermometry—incompatibility of medicines, ethics, obstetrics, poisons, anæsthetics, fees, asphyxia, urinary examinations, Homœopathic pharmacology and nomenclature, etc. By Samuel O. L. Potter, M. D., President Milwaukee Academy of Medicine, and author of various monographs. Chicago. Duncan Bros.

This volume of 280 pages is a most excellent and convenient compilation of the chief remedies of both schools in daily use. All the diseases are mentioned, and in two parallel columns the treatment given in a condensed form. The left hand column, the old School, the right hand, the Homœopathic.

Thus, at a bird's-eye-view, the two kinds of treatment are seen; and it is remarkable that about one-third of the remedies used in each disease by both schools are identical, differing only in the dose. Authorities are quoted for every drug used, on both sides, and no claim is made, for originality in anything but for the arrangement, which was certainly a happy thought carried into happy execution.

The principal authorities quoted on *our side*, are Hughes, Hale, Hempel, Lillenthal and Rudduck. On *the other side*, Bartholow, Ringer, Phillips and Piffard. As a *multum in parvo*, it excels, anything in our branch of the profession.

Duncan Bros. have printed and bound it in a beautiful soft black leather binding, with a lapel cover, and made it to fit the overcoat pocket. As a Publishing House these enterprising brothers are greatly improving in their work, which the book buying public truly appreciate.



## Editor's Drawer.

---

THE MEDICAL CALL is before us, and is welcomed as a respectable exchange, and as a Quarterly, we wish it success.

TO THE ALUMNI.—All Alumni of the old college, desiring the *ad eundem* of the new, will please send in their names at once to the Registrar, Dr. Philo G. Valentine.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—The class of the present season in this institution numbers 165 students. Of this number 60 will apply for graduation.

ALL subscribers in arrears and desiring VOLUME IV, will please make it known in a substantial way. If the "Investigator" publishes a list of the "Dead Beats," we shall help him to swell the number.

PENSION SURGEON.—Dr. F. Wm. Schellhase, of Tell City, Indiana, a graduate of last spring, has received the above government appointment. Another one of our Alumni winning laurels among the Hoosiers.

OUR COLLEGE COMMENCEMENT will take place at Pickwick Hall, Washington avenue, on the night of the 10th of March. Prof. C. H. Goodman delivers the Faculty Valedictory, and Eugene A. Gilbert, of Dubuque, Iowa, the Class Valedictory. All friends of the college are welcome.

THE MEDICAL HERALD appears this month, and is the successor to "The News," and claims to be the News in all but the name. Our good friend Goodman has associated with him in his editorial labors, Dr. C. W. Taylor, who will take the business management.

### HOMŒOPATHIC COLLEGE FREE DISPENSARY REPORT FOR DECEMBER AND JANUARY.

Cases—Surgical, for December and January.....	360
“ Gynæcological.....	117
“ Eye and Ear.....	126
“ Neurological.....	105
“ General.....	918

Total for December and January .....	1676
Grand Total at last Report .....	7775

Grand Total to February, 1881 .....	9451
-------------------------------------	------

Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Oculist and Aurist; Dr. Kershaw, Neurologist; Dr. H. J. Dionysius Physician in charge of General Clinic. All the special cases were shown to the class, and a large number of the General Clinic. A better rendezvous for practical therapeutical lessons cannot be found.



THE HOMŒOPATHIC COURIER gave us such a *slap in the face* by saying that the "South-west never had a representative homœopathic journal" before it appeared, that we haven't breath enough left to respond even feebly, to the sad announcement. Such braggadocio will meet its timely reward.

WORLD'S HOMŒOPATHIC CONVENTION 1876, VOL. II. HISTORY.—We are desired by the editor to state that the above book is completed, and has been sent to all entitled to receive it. (Our copy has arrived.) If any one has failed to do so, he will please notify Dr. J. C. Guernsey, 1923 Chestnut street, Philadelphia.

THE WALKER MANSION, on Washington avenue, was the scene of a very large entertainment given by the host on the 10th of February, to the trustees, faculty, students and friends of the Homœopathic College. There were recitations of poetry and oratory. There was vocal and instrumental music, much social converse, and a choice collection of everything good to eat, that only a good housewife knows how to provide.

The doctor and his charming wife gave their delighted guests a warm welcome to their elegant home. Several distinguished persons, not doctors, were present.

ST. LOUIS STILL THE HEALTHIEST CITY ON THE CONTINENT—The mortuary report for the past week shows 136 deaths, 3 less than the preceding week and 54 more than the corresponding week of last year.

HEALTH STATISTICS.

Dr. Luedeking, Clerk of the Board of Health, has prepared a comparative table of deaths for the year 1880, which shows that St. Louis, with a population of 350,522, still holds her own as the healthiest city on the continent. The table is as follows:

	Population.	Total mortality.	Rate per 1,000.	Deaths under 5 years.	Per ct. of deaths under 5 years to total mortality.
St. Louis.....	350,522	6,685	18,92	2,934	44.26
Cincinnati.....	255,708	5,126	20,04	2,196	42.08
Philadelphia.....	846,984	17,385	20,05	6,491	37.08
Chicago.....	503,298	10,462	20,08	5,600	53.05
Boston.....	363,938	8,369	22,09	.....	.....
Brooklyn.....	566,689	13,171	23,02	6,193	47.00
Baltimore.....	332,190	8,080	24,03	3,629	44.09
New Orleans.....	216,359	5,526	25,05	1,981	35.08
New York.....	1,206,580	31,770	26,03	14,589	45.09

DUNCAN BROS. PUBLISHING HOUSE.—The industry and enterprise of this house, is something remarkable. From small beginnings a few years ago, it has become a power in the land, and turns out handsome books several times a year, and more coming. The last one, On "Feeding and Management of Children," we read aloud to our baby, and it fattened three pounds in three weeks.

*The Homœopathic Medical College and the City Hospital.*

"OFFICE OF HEALTH COMMISSIONER, CITY HALL, }  
ST. LOUIS, January 14th, 1881. }

*Dr. S. B. Parsons:*

DEAR SIR.—Your appointment as medical lecturer at the City Hospital was approved by the Board of Health, at the meeting held January 14th, 1881. The day and hour assigned you is Friday from 11 to 12 a. m. The appointment of Dr. J. M. Kershaw, as your alternate, was also approved. The students of all medical colleges in good standing are to be admitted to these lectures to the capacity of the amphitheatre. This arrangement to go into force Monday, January 17, 1881.

Respectfully,

CHARLES W. FRANCIS,  
Health Commissioner.

Attest: ROBERT LUDEKING, M. D.,  
Clerk of Health Commission and Board of Health."

We have had a clinic hour at the City Hospital all the time, but a new arrangement goes into effect now, indicated above and as explained below.

The arrangement is this: Certain men are appointed by the Health Commissioner to deliver clinical lectures at the City Hospital, each man having a day and hour assigned him. All students, no matter from what school, so it is in good standing, have the privilege of attending these lectures, to the capacity of the hospital amphitheatre. The following is the exhibit of the lecture staff, and the day and hour assigned each man: Monday, 10 to 12 a. m., P. G. Robinson, M. D., and A. P. Langford, M. D.; Tuesday, 3 to 5 p. m., Louis Bauer, M. D., and R. M. King, M. D.; Wednesday, 3 to 5 p. m., John T. Hodgen, M. D., and E. F. Smith, M. D.; Thursday, from 10 to 12 a. m., P. G. Robinson, M. D., and A. P. Lankford, M. D.; Friday, from 10 to 11 a. m., George C. Pitzer, M. D., and from 11 to 12, a. m., S. B. Parsons M. D., with Edwin Younkin, M. D., and J. Martine Kershaw as alternates.

Under the new arrangement, the students of the Homœopathic College have the privilege of hearing clinical lectures at the City Hospital delivered by Parsons and Kershaw, Homœopaths; Pitzer and Younkin, eclectics; Hodgen, Lankford, Robinson and Smith, O. S., and all without paying for hospital tickets. And, be it remembered, the students of the other colleges have the privilege of hearing *our lectures too*. This is certainly as good as could be desired, and we hope our readers will understand the plan and duly appreciate the advantages of St. Louis as a college centre. The cry that we were crowded out of the City Hospital has given us better advantages than ever.

PHILADELPHIA, January 1st, 1881.

DEAR DOCTOR:—At the “Hering Memorial Meeting” held in Philadelphia, on the tenth day of last October, at the same hour that similar Memorial Meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings in volume, under the title of the “The Hering Memorial,” which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one, which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this Memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short Memoir of his old friend, and this, with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned, whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs. Boericke & Tafel the well known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the sole expense of the book, the cost of paper, engraving, printing and binding. Whatever sum remains after paying these four items, will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Very Respectfully,

C. G. RAUE, M. D.

121 North Tenth Street.

C. B. KNERR, M. D.,

112 North Twelfth Street.

C. MOHR, M. D.,

555 North Sixteenth Street.

THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Professor Dowling, of New York, President of the Institute, and Chairman of the Executive Committee, to whom were referred arrangements for the time and place of the next meeting, announces that it will be held at the Brighton Beach Hotel, commencing June 14th, and lasting four days. Brighton Beach is located directly upon the ocean, within a few miles of the City of New York. The hotel, which is one of the grandest in the world, is kept by James Breslin, Esq., well known to the traveling public as the former proprietor of the Grand Union Hotel

at Saratoga Springs, and at present proprietor of the Gilsey House, New York. Mr. Breslin pledges himself to do all within his power to make the stay of the members as pleasant as possible. Should he be lacking in seeking accommodations for all of the large number expected to attend, provision will be made for them to lodge at the Manhattan Beach Hotel, distant but two or three minutes by a railway along the beach. He has dining accommodations for 1,200. A banquet will be given to the members of the Institute and their friends who may be present, and arrangements will probably be made for an excursion (with supper on board the boat), through the Bay and East River, Via Hell Gate, to the Homœopathic Hospital on Ward's Island. Those proposing to attend the International Congress, which meets in London on July 11th, will have ample time for the voyage after the adjournment of the Institute. The President trusts and believes this will be the largest and one of the most interesting meetings of the American Institute of Homœopathy ever held.

**BETTER TREATMENT OF THE INSANE.**—Bedlam, with its untold horrors, has disappeared, and it is, doubtless, for the best that its history has not been and can never be written. It was an institution which exemplified total ignorance of insanity, and its blunders are buried deep in its own ruins. A better day dawned for the most unfortunate class of human beings when insanity became a scientific study, and the theory was promulgated that there was balm for mental disease and restoration for the deranged. The philanthropists and physicians have long been working diligently at the problem of reform in the treatment of the insane, and a great advance was made in the erection of large and commodious asylums for the special care and ministration of diseased minds. But experience has taught that the asylum system does not fully answer its purpose, and is by no means up to the general advance of the age that we live in. The great buildings, with their cells and barred windows, are little better than living tombs, and may be possible, and something that promises much better is suggested cast their baleful shadows upon all who pass within. Something better by a little pamphlet we have just received, "The Cottage or Family System for the Better Treatment of the Insane." It is by I. D. Rhynus, of Grand View, Denver, Colorado. The theory is that the disease mind, for its cure, needs to be brought into close companionship with the sound mind, and that healthy employment and bodily freedom are great aids to mental restoration. The author of the pamphlet advocates the colonizing of the insane in cottages and families of fifteen or twenty, bringing them in constant contact with sanity, and keeping up their interest in life and activity, where no idea or shadow of a prison would be present in their home. The plan has been tried with the most astonishingly successful results, as facts have shown and various certificates incorporated in the book testify. I. D. Rhynus' statements and labors in this cause are endorsed by several of the leading men and prominent physicians in the country, and his cottage system to supersede asylums for the insane is worthy of wide public consideration. It is also highly recommended for economic advantages. The great asylums in every State cost millions upon millions, while the cottage system is clearly shown to be self-supporting.